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A MULTIHOSPITAL STUDY OF BULLYING AMONG IN-PATIENT DEPARTMENT NURSES: CROSS SECTIONAL STUDY

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ABSTRACT

Background: Bullying is widespread, more in poorer and developing country. Healthcare bullying is most common among nurses. It has serious impacts, attrition in hospital and nursing profession. Importantly compromise quality of care and safety of the patient. **Objectives:** Objective of this study was to estimate the bullying and types faced by nurses and factors that affect bullying among nurses. **Methodology:** cross-sectional design of study was opted, convenience sampling method was used for data collection, 609 nurses from public and private hospital completed the questionnaire. Self-administered, Negative Act Questionnaire – Revised was for data collection. **Results:** The study participants from two public hospitals were 52.9%, and from three private hospitals 47.1%. Only 12.6% reported never experienced bullying and rest to the varying degree, 18.4% weekly/daily, 68.9% now and then/rarely. bullying offender; immediate supervisor 33.2%; 25% other mangers from hospital, 10% colleagues, 3% subordinates, 8.5% patient/their relative and 7.6% others. The action against offender; 36.8% opted to ignore offender. The Pearson chi-square test found statistical significant difference (p-value, .000) was found among gender, age, professional qualification, offender by designation, offender by gender, and action against offender with degree of bullying experience consecutively. While, no statistical difference was found (p-value, .545) among public and private hospital nurses. **Conclusion:** Bullying was highly prevalent among nurses. However, there were differences on type of bullying and among gender, age and offender by designation and gender. Nurse training, mentoring, building emotional intelligence and supportive role of nursing management is important.

Keywords: Bullying, Negative Acts, Nurses

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INTRODUCTION

Nurses are oppressed group, it is widespread in nursing and results in

high turnover, lowered morale, reduced productivity [1]. Nursing recruitment and retention are serious challenges for many hospitals in Pakistan. According to Learning Initiatives and the World Health report, Pakistan is among the 57 countries that are facing human resource management crises in health care [2]. The recruitment and retention issues are due to unhealthy work environment, which includes violence and hostility, shortage of staff, increased workloads, critical nature of their patients, and advances in technology [3]. Bullying is collection of negative, unacceptable and unwanted actions targeted to and by individual or group. It may inflict physical and/or psychological harm [4]. It is also described as lateral or horizontal violence, verbal abuse or workplace aggression [5]. The nurses experiencing bullying have a high propensity to leave the organization. The phenomenon of bullying exist in most workplaces [1] which is evidenced by cross-nation study [6]. Bullying has serious negative outcomes for nurses, patients and healthcare organizations [4]. The cost of bullying to the organization is very high in terms of nursing shortage, turnover and, absenteeism, adverse clinical outcomes such as patient safety, errors, adverse events, quality of care and quality of care [7]. Bullying can result in harm to patients. In a qualitative study, student nurses discussed, they became less compassionate towards their patients as a result of being bullied. In another study, 13% of nurses said that abuse cause them to make an error at work. Work place bullying negatively impacts patients' safety [8]. Joint Commission also highlighted that, 80 % of all medical errors can be linked to poor communication and bad behavior among healthcare providers [9]. Therefore, it is imperative to investigate the workplace bullying among nurses. A cross-nation study [6] from 44 countries showed bullying as a global phenomenon, however there is scarcity of quantitative investigation of this phenomenon in the local context; particularly among nurses. For that reason, this study was planned. The objectives of study were to estimate the frequency and types of bullying face by nurses of private and public hospital; the secondary objective of this study was to measure the factors associated with bullying faced by nurses of public and private hospitals in Islamabad Rawalpindi.

METHODOLOGY

Study design: This was a cross sectional study, conducted on nurses of in-patient nurses from public and private sector hospitals of Islamabad. The study duration was June 2015 September 2016.

Sample Size: Sample size is calculated by using World Health Organization formula, prevalence of phenomenon under study of 31% was used as reference. Keeping margin of error (d) 0.04, with confidence interval (CI) 95 % and level of significance 0.05, the minimum calculated sample size for this study was 514. However, to manage drop outs and increase the strength of the study, 650 questionnaires were distributed among nurses. The completed 609 questionnaires were included for data analysis.

Sample technique: The convenience sampling technique was used for data collection.

Inclusion, exclusion criteria: Inpatient department nurses, having at least six-months working experience; both male and female were included. While nurses in administrative role from assistant head nurses to chief and director nursing were excluded from the sample.

Data Collection Tool: A structured self-administrative negative act questionnaire revised (NAQ-R) (10) was used for the data collection. It is used in several countries and internal consistency ranging from Cronbach alpha 0.88-0.90 was reported. It included 22 detrimental statements of physical, personality and working output types. The questionnaire measures the workplace (items 1, 3, 14, 16, 18, 19, 21), person/personality (items 2, 4, 5, 6, 7, 10, 11, 12, 13, 15, 17, 20) and physical-related (items 8, 9, 22) bullying. These statements were rated on five-point Liker scale (1 Never; 2 Now and then; 3 Monthly; 4 Weekly; 5 Daily) to find the frequency of bullying behavior experience over the last six months. The 23rd item was definition of bullying; the participants were asked to rate their frequency of bullying experience. The 24th item explored the oppressor by designation and 25th oppressor by gender. The demographic variables were included in the beginning of questionnaire.

Data Analysis: The scheme of analysis from Mikkelsen and Einarsen (11) study was adopted for analysis. In addition, chi-square test was used to find the relationship of degree of bullying with demographic and other relevant variables.

Ethical Considerations: The administrative and ethical approval was taken to conduct the study. Written informed consent was taken from study participants; their participation in the study was voluntary, no monetary or any other benefit was offered.

RESULT

The study participants from two public hospitals were 52.9%, and from three private hospitals 47.1%. Among the study sample, 53% were aged less than 30; 36.3% between 30-40 year and 10.7% more than 40-year age. Male in the sample was 18.1% and female 81.9%. The professional qualification of 65.8% nurses was diploma in general nursing (DGN); 5.1% generic bachelor of science in nursing (GBSN) and 29.1% post registered nurse bachelor of science in nursing (PRBSN) (Table 1). A range from 16.7% to 56.2% reported they never experienced the negative acts on different items of the questionnaire. On the other hand, 31.4% to 55.7% expressed their experience of negative acts now and then/monthly basis. While, 12.5% to 34.2% participant's experienced different negative acts on weekly/daily basis. Among the types of bullying; work-related 22nd item "exposed to unmanageable workload" was experience by 34.2% on weekly/daily basis and 48.1% on now and then/monthly. The 14th item of work-related category "having opinions and view ignored" were 20.7% weekly/daily and 52.1% now and then/monthly. From the person/personality related type, 10th item "hints from others to quit job" was experienced by 37.1% now and then/monthly and 18.1% on daily basis. While, 4th item "key responsibilities removed and replaced with trivial task" was reported by 30.4% nurses on weekly/daily; and 38.6% on weekly/daily basis. From physical type of bullying, 50.1% nurses experienced the "being target of spontaneous anger" now and then/monthly and 24.1% weekly/daily. While, 31.4% nurses experienced "threat/ actual violence or physical abuse and 12.5% on weekly/ daily (Table 2). The response to "have you been bullied at work over the last six months"; 12.6% reported never, 5.3% almost daily, 13.1% several times per week, 42.5% now and then and 26.4% rarely. The offender by designation; 33.2% were immediate supervisors, 25% other mangers from hospital, 10% colleagues, 3% subordinates, 8.5% patient/their relative and 7.6% others. The offender by gender; 19.9% were male, 25.5 female and 41.7% both. The action against offender; 36.8% nurses reported they ignored, 25.5% reported to management, 31.5% discussed with close friend, and 6.2% directly warned the person. Of the sample, 47.3% were aware about institutional policy against negative acts. While, 32.5 nurses were not sure and 20.2% reported no policy to deal with bullying (Table 3).

The Pearson chi-square test was performed to

TABLES 1:

Demographic variables of 609 study participants from public and private hospital

Demographic n = 609		
Hospital	**n**	**%**
Private	322	52.9
Public	287	47.1
Age		
< 30 Year	323	53.0
30 – 40 Year	221	36.3
> 40 Year	65	10.7
Gender		
Male	110	18.1
Female	499	81.9
Professional Qualification		
Diploma in General Nursing	401	65.8
Generic Bachelor of Science in Nursing	31	5.1
Post RN Bachelor of Science in Nursing	177	29.1

TABLE 2:
Percentages of endorsed items on the revised negative acts questionnaire by public and private sector hospitals (n=609)

During the last six months, how often you were subjected to following acts?	Never	Now and * then/Monthly	*Weekly/ daily
1 Information withheld which affects performance (w)	25.0	51.4	23.6
2 Being humiliated in connection with your work (pp)	28.9	46.3	24.8
3 Humiliated in connection with your work (w)	24.8	42.2	33.0
4 Key responsibilities removed (pp)	31.0	38.6	30.4
5 Spreading of gossip and rumors about you (pp)	32.2	41.5	26.3
6 Being ignored or excluded (pp)	26.8	52.5	20.7
7 Insulting or offensive remarks made (pp)	32.5	52.7	14.8
8 Being target of spontaneous anger (p)	25.8	50.1	24.1
9 Finger-pointing, invasion of personal space, shoving, blocking the way (p)	34.3	47.5	18.2
10 Hints from others that you should quit your job (pp)	44.3	37.6	18.1
11 Repeated reminders of your mistakes (pp)	22.0	55.7	22.3
12 Ignored/faced a hostile reaction when you approach (pp)	30.4	46.3	23.3
13 Persistent criticism of your work and effort (pp)	36.8	44.2	19.0
14 Having your opinions and views ignored (w)	27.3	52.1	20.7
15 Practical jokes carried out by people (pp)	36.5	43.3	20.2
16 Impossible targets or deadlines given (w)	28.4	50.4	21.2
17 Having allegations made against you (pp)	37.6	47.8	14.6
18 Excessive monitoring of your work (w)	16.7	55.2	28.1
19 Pressure not to claim sick leave, holidays etc. (w)	20.5	54.8	24.6
20 Being the subject of excessive teasing (pp)	32.8	43.8	23.3
21 Exposed to an unmanageable workload (w)	17.7	48.1	34.2
22 Threats/actual of violence or physical abuse (p)	56.2	31.4	12.5

*Response categories (now and then, and monthly), (weekly and daily) were merged. (w) denotes work-related, (p) physical and (pp) person/personality related items.

examine the relationship between degree of bullying with demographic and other variables. The p-value of < .05 was considered significant. No statistical difference was found (p-value, .545) among public and private hospital nurses with degree of bullying experience. There was also no significant difference (p-value, .560) among nurses about institutional policy of bullying. While Statistical significant difference (p-value, .000) was found among gender, age, professional qualification, offender by designation, offender by gender, and action against offender with degree of bullying experience (Table 4).

DISCUSSION

The majority of study participants reported experiences of negative acts to the varying percentages. The bullying in healthcare is widely prevalent, it is underestimated and under reported [12] and commonly faced by nurses

TABLE 3:
Responses from 609 study participants from public and private hospitals

Have you been bullied at work over the last six months?	**n**	**%**
Yes, but only rarely	161	26.4
Yes, now and then	259	42.5
Yes, several times per week	80	13.1
Yes, almost daily	32	5.3
No	77	12.6
Who was offender by designation?		
Immediate Nursing Supervisor	202	33.2
Supervisor/Manager in hospital	152	25
Colleagues	61	10
Subordinate	18	3
Patients/their relatives	52	8.5
Others	46	7.6
None	78	12.8
Who was offender by gender?		
Male	121	19.9
Female	234	39.5
Both	254	41.7
What was your action against the offender?		
Ignore	224	36.8
Report to the management	155	25.5
Discuss and share with close friend	192	31.5
Directly warn the person	38	6.2
Do you have a policy to report such events in your institute?		
Yes	288	47.3
No	123	20.2
Do not know	198	32.5

i.e. consistent with current findings. This phenomenon has been highlighted by Lee and Saeed [13] among Pakistani nurses. They also pointed out, female nurses in this profession are targeted more as compare to male nurses [13], which is congruent with our study finding. Work-related negative acts deteriorate the working environment of the nurse, these behaviors negatively affect productivity of the nurse, satisfaction with work environment, retention and most importantly hinder the safe patient care [14]. The workplace bullying is also reported the most common cause of psychological problems, burnout [15], and post-traumatic stress disorder among nurses [16]. Nurses experienced different negative acts weekly/daily including; removal of key work-related responsibilities, spread of gossip and rumors, faced hostile reaction, excessive teasing, repeated reminders of mistakes, practical jokes, and disregard of efforts. As a result, nurses feel demoralized to the large extent [16]. Negative acts are associated with decreased self-efficacy, confidence, and concentration in patient care activities. Subsequently, most of the young nurses loose interest in nursing and seek for

TABLE 4:
Chi-square test results of degree of bully with demographic and factors variables

Chi-Square Test

	Value	df	p-value
Hospital type	3.077	4	.545
Gender	20.063	4	.000
Age	41.113	8	.000
Professional Qualification	43.600	8	.000
Offender by designation	791.048	24	.000
Offender by gender	717.697	12	.000
Action against the offender	72.739	12	.000
Awareness of bullying policy at institute	6.787	8	.560

*****level of significance p-value < .05

opportunities in non-hospital jobs [17]. This may result increase turnout in hospitals and attrition of nursing profession. The physical-related type of bullying includes intimidating and overt negative acts, which is the vilest form of bullying at workplace [20]. The physical type of bullying, inflict physical harm and deteriorate the physical and emotional health of nurses [18]. It negatively impacts the finance and reputation of an organization as well. The 23rd item of the NAQ-R measured the degree of bully faced over the last six months; The result were somehow consistent but low in a Nigerian study [18]. The geographical and societal differences may cause variation of negative acts experiences. Female nurses often targeted [18] and they struggle to overcome bullying [13]; researchers also criticize the political, historical, cultural and economic structures of the country which influences gender equality and attitude towards nursing profession. It is noteworthy, that bullying rate were low among developed but higher among developing and poorer countries [6]. The two Danish studies [11] reported lower 7.8% and 15.6% bully experience at workplace which due to the fact of gender equality and high acceptance of nursing profession in the region. Offenders at the workplace negatively impact the job performance. Mainly, nursing supervisor and non-nursing managers were reported offenders. The Nigerian study [18], reported similar findings that senior nurses bullied the junior nurses. Often, junior nurses carry direct patient care activities while senior nurses assign, plan and ensure those activities. Lack of implementation, patient complains, and excessive work become a source of conflict among senior and junior nurses. Sadly, junior nurses found themselves at the receiving end. Several researchers [12, 19, 20] highlighted the role of senior nurses and managers in decreasing bullying and ensuring safe working environment. Their involvement as offenders at workplace would compromise the safety of staff and patients [20]. There were more female than male, which might be due to the fact that nursing is predominantly female profession. This is consistent across many studies; a study [18] informed 93.3% female offenders. Most of the study participants preferred ignoring the offenders, followed by reporting to management, discussion with colleagues and few directly warned the offending person. In contrast, most of the nurses reported negative acts to senior nurses and directly warned the offender in [12] study. As a result, frequency of bullying decreased. Therefore, ignoring is not an answer to rising negative acts. Training of the nurses to manage bully's [18], supportive role of senior nurses and managers have shown favorable results to decrease negative acts [12, 19-21]. No statistical significant difference was found among public and private hospital nurses. While, a Brazilian study [18] founded nurses from public sector experiencing more bullying than private hospital nurses. Mostly nurses experience bullying in their early career [18]; nurses known to "eat their young" describing junior nurses experience more bully [22]. Young group of nurses from

GBSN would experience more negative acts than DGN more aged and experienced nurses. Few nurses in the later age reported being target of teasing while working among young workforce or too old to carry nursing as profession [23].

LIMITATION AND RECOMMENDATION

Study used the self-labeling method with quantitative approach that may miss out some information on personal account. A mix-method study may explore bullying in-depth. Factors of bullying and strategies to deal with it could be a good study to pursue.

CONCLUSION

Bullying is global phenomenon; our study concluded 35-55% of nurses faced bullying at any stage of their employment and almost similar frequency have been noticed for nurses who faced bullying on now and then/monthly basis. This study found higher proportion of bullying among female nurses, GBSN group, and young group of nurses at early career. While, there was no difference among public and private sector nurses. Work-related, physical, person and personality types of bullying were prevalent among nurses. Mostly nurses opted to ignore and few discussed with colleagues and directly warned offender.

In order to control bullying at workplace, organizations need to establish policies. Workshops and seminars to raise awareness among nurses would decrease frequency of bullying. Moreover, senior nurses should be encouraged to use their positive role towards juniors. There should also continuous monitoring and evaluation of nurses to assess their workplace environment. This might minimize the bullying and also provide us way forward to improve workplace environment. Better workplace environment would increase nurse productivity which is linked with patient safety as well.

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Author contribution

***** Concept development, literature search, manuscript writing ****** Proposal development, manuscript writing ******* Questionnaire designing, discussion and referencing ******** Data analysis, result section writing ********* Data collection, data entry and results

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