Workplace Bullying Prevalence, Popularity and Its Impact on Nurses' Profession Commitment

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Abstract

Background: Bullying is an unscrupulous aggressive behavior; this phenomena has significant negative effects on the victims health, shifting nurses' profession, turnover and profit negatively affected. This study **aimed** to identify Prevalence, the popularity of nursing clinical areas bullying and its impact on nurses' profession commitment. **Design**: A descriptive correlational prospective research design was employed. **Sample**: cross sectional of 239 nurses from different classes participated in our study. **Tool**: the investigator adopts a bullying assessment survey and Nurses' profession commitment questionnaire. **Result**: the study revealed that there was a high percentage of the nursing staff experience bullying in their clinical workplace (89%). Also, the result revealed that there was no statistically significant correlation between the occurrence of the prevalence among nursing members and their profession commitment. ($p = 0.738$). **Conclusion**: Based on the current result, the investigation result concluded that there was clinical work bullying in a depiction that is dominant against nursing staff followers in the clinical areas. Spoken anger and emotional violence were the highest frequent protruding. Lacking any effect on their commitment for their profession/ career.

Keywords: Bullying, Nursing Staff, Profession Commitment, Negative Effects

Introduction

Violence against health care workers is unprincipled destructive conduct posing a problem that affects health care professionals' performance productivity. Also, Bullying is a mounting process in the course of which the person challenged ends up in substandard positions and becomes the target of systematic negative social acts. Aggression and violence in health care settings started categorically by; unwelcome, uninvited behavior of violating individual dignity or creating a hostile environment. (Which well known by Harassment). Secondly, unreasonable behavior, repeated over time, which, offends, threatens, degrades, insults, or humiliates. Thirdly the violence laddered to physical, psychological, or social and depends on the victims' perception and not the perpetrators' intent (Bullying). Fourthly, behavior that subverts weakens confidence or self-esteem **(Anwar et al. 2016, 68; Nikolić, Višnjić 2020, 3).**

Organizations today become a mean to highlight efficiency welfares. From the point of producing the highest level of returns/ profit.

Bullying might be considered an event that can be predictable to occur with a certain work consistency and regularity inconsistent with unit culture. This representativeness veracity pushes researchers to pay devotion to the causes, incidence caused by power inconsistencies in the organization, all of that can affect most of the nursing staff especially the first line classes of staff nurses to shift their job and have not sense of commitment for their profession **(Dumitru, Burtaverde and Mihaila, 2015, 69; Elhabashy and Abdelgawad 2019, 5).**

Bullying at workplace means irritating, felonious, socially excluding any person, or destructively affecting nurses' performance, bullying to occur in any clinical areas the health team personals have to label bullying with a consistent collective collaborative communications (e.g. weekly) and over some time (e.g. about six months) **(Matthiesen and Einarsen, 2010, 202; Zakaria, Taema, Ismael, and Elhabashy, 2018, 926).**

Egypt is one of the affected countries by Violence and antagonism specifically in the clinical health setting, so bullying is presently a high magnitude badly-behaved we obligated to inspect it in different institutions. Certainly, the extent of the problem in Egypt is recored from many institutions as Bani-suif, Ismailia Hospital/ Mansoura university hospitals Beni-Suef Governmental Hospitals, and Alexandria university hospital. Their Workplace violence discovered that verbal abuse was the most recurrent logged violence acts followed by physical abuse, especially between nurses' group members, and least was Sexual irritation/harassment **(Dumitru, Burtaverde and Mihaila, 2015, 72). And (Moustafa and Gowaifel, 2013, 244).**

Congruently with these assumptions, the phenomenon of medical sector bullying has significant undesirable effects on both individuals and institutions (e.g., shifting nurses' professional career and turnover and efficiency affected destructively) as the number of observer disruptions and the psychological/physical health of the sufferers exhibited. Other economic pitfalls, with a significant negative impact on profits, which definitely too easy to be measured and clearly defined by Tengilimoğlu, and Dziegielewski 2020, 149). These downsides may comprise a drop in the quality, negative influences on the institutions' reputation, and the acceleration of blunders and lack of attendance accountability, increasing by the lake of institutional goal attention and not committed staff which leads to loosening customers' relations. This declaration becomes more significant for those administrations mainly composed of subordinates providing specific services to the patients closely and directly or indirectly. The questions of the current research were: R**Q1:** What is the Prevalence, popularity of workplace bullying R**Q2:** What is the

impact of workplace bullying on nurses' profession commitment.

Aim of the study:

This study aimed to pinpoint Prevalence, popularity of workplace bullying and examine it's impact on nurses' profession commitment.

Subject and Methods

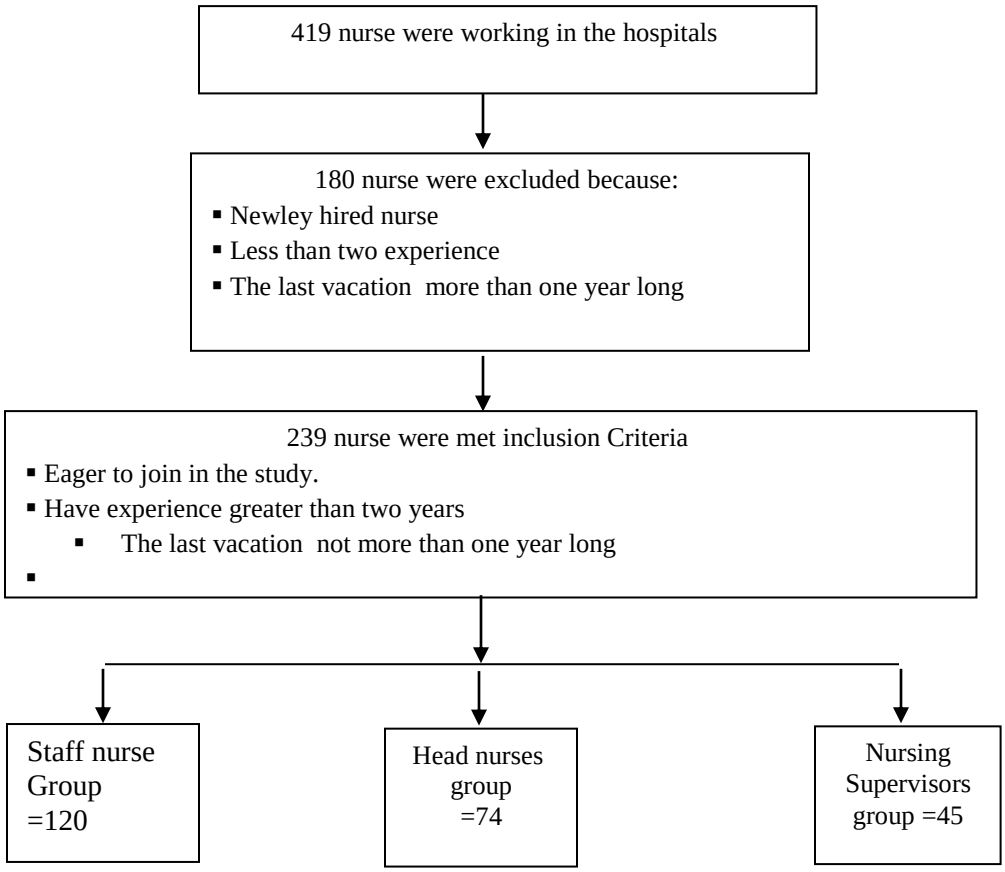
Design:

A Descriptive correlational Prospective research design was utilized in this study. This design, usually study the phenomena in its natural settings, providing the minimum control over variables. The data collected either contribute to the development of theory or explain phenomena from the perspective of the persons being studied. Descriptive research is research performed for a problem that has not been studied more evidently, intended to establish priorities, develop operational definitions and improve the final research design. Prospective research helps determine the best research design, data-collection method, and selection of subjects. It should draw definitive conclusions only with extreme caution given its fundamental nature. Independent variable (cause) was bullying while, Dependent (effect) was profession commitment variable (Portney 2020,179; Ghauri, Grønhaug and Strange 2020, 64).

Sample& Setting

A cross sectional sample of different categories of the nurses (staff nurses, head nurses, supervisors) who are working in more than three different university hospitals which received patients from different governorates (A priori, G power analysis was done by computer software. Approximations of standard deviations and population means were obtained from a prior study on the variable of overall bullying prevalence and institutional productivity. To have an ensuing result 0.95% power, a medium effect size of 0.35, and a significance of 0.05, it was determined that 239 nurse would be needed to be included in the study as a representative sample of different qualification and have greater than two years of experience for addressing potential bias.

Figure 1: Flow presentation of the included subject mapping.



Data Collection Tools

To fulfill the aim of this research study three questionnaires were used to collect the pertinent data. **The first questionnaire** developed to assess the perception of the nurses regarding workplace bullying prevalence, popularity environment. This questionnaire adapted from **(Einarsen, Hoel, and Notelaers, 2009),** is composed of two parts, first part concerned with personal data characteristic which include: gender, age, marital status, level of education, years of experience…. etc. the second part concerned with workplace prevalence and popularity questionnaire, which composed of 44 item assessing bullying prevalence and occurrence among nursing staff members.

The Scoring system of this questionnaire documented as each item has three responses ranging from

Always (score of two) to some extent (score one) and Never (score zero). Score (two) which means that the participant said that the bullying always occurs, score (one) which means that the participant said that the bullying sometimes occurs, never (score of zero) which means that the participant said that the bullying never to occur. The highest score of this tool equal= 88 and the lowest equal = zero. The total score classified into four categories as the following: null: it means that the respondents did not experience any bullying in their workplace score= zero. Mild: mild prevalence of bullying among nursing staff=one score to 29. Moderate: moderate prevalence of bullying among nursing staff=30score to 59 . High: high prevalence of bullying among nursing staff=60score to 88

Second tool: Nurses' profession commitment questionnaire, it consists of nineteen question assessing nursing staff profession commitment. Scoring system**:** Agree: which means that he/ she committed to her/his profession (score two)**.** To some extent: which means that he/ she to some extent he/ she committed to her/his profession (score one)**.** Don't agree: which means that he/ she not committed to her/his profession (score zero). Upon receiving the formal approval through the formal channel, the researcher prepared a list of the selected groups of the staff nurses/ head nurses and nursing supervisors who formed the study groups. Then she interviewed with them daily through morning and afternoon shift except for Saturdays and Fridays for about four months, from November 2019 to February 2020 explained the nature and the purpose of the study, handed the questionnaire for them and wait with them during their working hours to fill it and it was collected after filling.

Data analysis

The data collected from a questionnaire that is completed by the staff nurses, supervisors, and head nurses affiliated to the previously mentioned hospitals were coded into (SPSS), version 20.0, for analysis. Data were analyzed using descriptive statistics in the form of frequency distribution, percentage, mean, and standard deviation, and needed inferential statistics, a significance level of all statistical analysis was at<0.05(value).

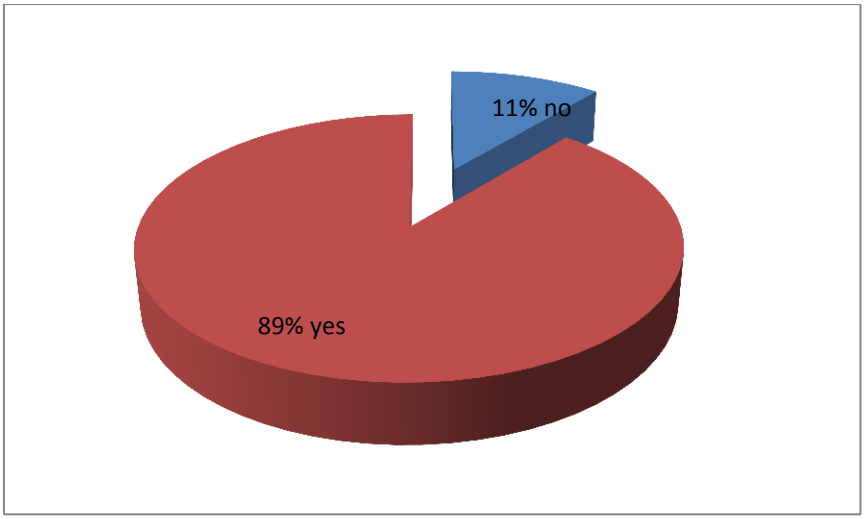
Results

Table (1): Frequency distribution of socio-demographic data of the studied sample (n=239)

Item	no	%
Gender		
Male	53	21%
Female	186	79%
Age	Mean 36.0370	Std. Deviation 10.26953
Marital status		
Single	61	23%
Married	189	65%
Others	20	12%
Job title		
Staff nurse	120	47.4%
Head nurse	74	34.2%
Supervisor	45	18.2%
Workplace Speciality		
ob. Gynecology	26	9.6%
Emergency	50	18.5%
ICUs	70	25.9%
medical hospital	40	14.8%
outpatients	36	13.3%
Pediatric	26	9.6%
others	21	7.8%

This table showed “that”, 239 nurse participated in the study. (79%) of the studied sample were female. mean of their age was Mean36.0370 ±10.26953. One quarter 25%of them work in intensive care units. 65% of them were married. Approximately half of them were staff nurses 47.4%, 34% as a head nurse and finally, only 18% were nursing supervisors

Figure (2): frequency distribution of bullying Prevalence among nurses participants n=239



Also, the study revealed that 11% only of the study participants stated that they did not experience any type of bullying and the rest of them did (89%).

Table (2): frequency distribution of bullying Prevalence among nurses participants n=213 (according to 89% from the nurses who experience bullying)

Items	Mild		Moderate		High		Total	
	No	%	No	%	No	%	No	%
Prevalence of violence among staff nurses participants N=112	16	14.2 %	36	32%	60	53.5%	112	100%
Prevalence of violence among head nurses' participants N=62	22	35.5%	31	50%	9	14.5%	62	100%
Prevalence of violence among supervisors' participants N=39	32	82%	4	10.2%	3	7.6%	39	100%

Besides, (according to 89% from the nurses who experience bullying) the study result showed that, the highest percentage of the bullying experienced among staff nurses 53.5% while bullying experience dramatically declined among head nurses and nursing supervisors (14.5%,7.6%) respectively.

Table (3): Relationship between bullying prevalence and nursing staff profession commitment N=239

Variables	r	p
bullying prevalence and nursing staff profession commitment	.020	.738

*Statistically significant difference at p< 0.05

Moreover, the result indicated that there was no statistically significant correlation between bullying and nursing staff profession commitment r=0 .020 p=0.738.

Discussion

This study aimed to pinpoint Prevalence, the popularity of nursing-related bullying and its impact on nurses' profession commitment. It was questioned "that", what is the Prevalence, factors, popularity of workplace bullying and the impact of bullying on nurses' profession commitment. Findings showed that frequencies and prevalence of the workplace bullying is highest among staff nurses followed by head nurses and low among supervisors, also the result stated that there were no a significant relation between workplace bullying on nurses' profession commitment. In the line with the results of the current study, nursing bullying has not been initiated to affect nurses' profession/career commitment.

From the researcher's point of view this result may be related to staff nurses are the largest sector in the hospital and they are the first front line at any clinical setting, so they face and deal with different categories &ladders in the organization including the patients and their relatives. Also, this may be related to they are less expert to defend themselves against any form or type of bullying. In addition to hospital supervisors, less contact with those categories and have greater authority than the first management, so less authority may be supported factors to this result.

In the form of congruency, this result is pact with a cross-sectional research performed by Anwar et al. **(2016, 73)**. Which aimed to evaluate patterns of violence against health care workers, in the period from December 2013 to October 2014 using a questionnaire and it revealed that that, the highest group scored by and forced by the organization bullying ranked from the top by External verbal violence, verbal and psychological and the lowest rank was external violence among nurses. The author recommends that organizations have to provide training plans particularly for the nurses' staff team.

"Furthermore", this result corresponding with the study performed by Dumitru, Burtaverde and Mihaila (2015, 70). To assess the relationship between organizational commitment and bullying at the workplace. And the results illustrated

a negative relationship between organizational commitment and intention to leave the institution.

"Additionally", the result congruent with the research that, steered by Sohrabzadeh, Menati and Tavan (2014,59). Which aim was to assess the difference in the clinical setting violence between three general institutions in Ilam Western Iran. The target population was female nurses and spot the factors affecting that incidence. After the data was gathered the main results was: the majority of the subjects had faced with a different type of violence by the patients. And they rejected to report what they confront from their patients because they consider it's not valuable to report this data. The author accomplished to, the high rate of workplace violence especially against female nurses. He concluded and stated, the hospital should hire an experienced, not single and not young female nurse (to be adult matured nurse) because the nurses are more vulnerable to this type of violence.

"Also", the current result well-matched with the study conducted by Tengilimoğlu, Mansur, and Dziegielewski (2010, 140). Aimed to weigh the effect of mobbing behaviors on organisational commitment: In closing, there was no significant relationship was found between mobbing and organisational commitment. The reasons for these responses are work recommendations and training consequences.

Yokoyama et al. (2016, 2480) collected 898 questionnaire and analyzed them, they found a minority of nurses were deliberated enforced by bullying. The author stated that there are three repeated negative actions reported frequently clarification of its negative impact on their daily performance. The research also affirmed the importance of an active/ effective nursing leader and support that definitely positively empower workplace bullying among nurses in Japan.

Furthermore, Spector, Zhou and Che (2014, 77) conducted a study which aims to provide a quantitative systematic review directed by using the CINAHL, Medline databases that guess bullying exposure prevalence. He concludes that about one third of nursing staff around the world displayed the experience of physical violence and bullying, and around 60% indicated nonphysical violence. Physical violence was most widespread in the emergency, geriatric, and psychiatric sectors. Physical violence and sexual irritation were most dominant in Anglo countries, and nonphysical violence and bullying were most prevalent in the Middle East.

Conclusion

Based on the products of the existing research study, the author concluded that there was workplace bullying in a portrait that is ubiquitous against nursing staff

members in the hospitals. Oral expressed and psychological violence were the furthermost frequent prominent. Without any negative effects of workplace bullying on their career commitment. Further research studies are reasonable to explore the nationwide magnitude of the badly-behaved to help in examining the efficacy of different intervention procedures.

Ethical aspects and conflict of interest

An official approval to conduct the proposed study was obtained from the head of the departments and hospitals directors. Verbal consents were obtained from each unit nurse department and hospital managers. Investigators reported the study participants' subject that, the participation in the study was voluntary with no risk, and informed them about the option to withdraw at any time followed by clarification of the aim and nature of the study. Participants were assured about the confidentiality of the information and observed coding of data.

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Recommendations

Based on the findings of the present study, the following recommendations were deduced:

1- Researchers are encouraged to use a larger sample of hospitals and including teaching and private sectors different large samples provide more rigorous representable date
2- Using stratified random samples would also yield a more representative sample that could replicate all discrepancies in the nursing personnel.
3- Make your staff feel valued, is one of the leading motives that any employee complains when they left their positions

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