Workplace Mobbing , Abusive Supervision and Psychological Distress Among Head Nurses.

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Abstract

Background: Workplace deviant behaviours among nurses poses a widespread threat to their physical and psychological health. Nurses who experienced workplace mobbing and abusive supervision are at greater risk to develop psychological distress as a consequence of persistent negative emotions and work stressors. **Aim**: To assess workplace mobbing, abusive supervision and psychological distress among head nurses. **Method**: Descriptive correlational design. **Setting**: The study was conducted at Main Mansoura university hospital. **Subjects:** Study sample composed of 133 head nurses working at Main Mansoura University Hospital. **Tools:** Three Self-administered questionnaires were used for data collection including Workplace Violent Behaviours Instrument, Abusive Supervision Scale and Kessler Psychological Distress Scale. **Results:**(45.1%) of head nurses have moderate level of workplace mobbing, (29.3%) of them complain from mild level of abusive supervision. Finally, (27.1%) of them have sever level of psychological distress. **Conclusion:** There was statistical significant positive correlations between psychological distress and both workplace mobbing and abusive supervision among the studied nurses. **Recommendations:** Nursing managers should develop polices to prevent workplace mobbing and maintain effective communication with head nurses. Maintain a healthy work-life balance and creating opportunities for social interactions*.*

Key words: Abusive Supervision, Distress , Head Nurses, Mobbing,Workplace.

Introduction

Nowadays, there is an increasing and differentiating patient needs parallel with the development of health care services that require hospitals administrators to focus on service innovation to gain a sustainable competitive advantage. The workplace is an environment where nurses work, interact with managers, provide care for patients and express their creative and innovative ideas. In health care environment, the maintenance of the mental and physical health of the nurses have an impact on the total performance of the organization. Mobbing, abusive supervision and psychological distress are important factors that could affect the performance and outcomes of nurses (**Ouedraogo& Koffi, 2018).**

Workplace mobbing is described as hostile behavior from one individual to another or from one group to another in the workplace. Isolation, angry assaults, attacks, and threats, as well as physical violence all are possible mobbing actions **(Steffgen, Sischka, Schmidt, Kohl & Happ, 2019).** It is also characterized as a systematic attempt of harassment, humiliation, terror and physical or emotional abuse aimed at forcing someone to get out of their job **(Fader, 2021).**

Workplace mobbing is carried out by a leader who can be a nurse manager, a subordinate, or a coworker. The leader then organizes others into a mob-like conduct that leads to the goal. Nursing supervisors and managers are the most common perpetrators of

harassment and mobbing; nevertheless, supervisors' social mastery is linked to their abusive behavior, particularly when the work environment is hostile and they are insecure or have poor internal respect **(Hu & Liu, 2017)**

There are numerous types of workplace mobbing, including work related, such as concealing information, and individual related factors, such as neglecting individuals or excluding them from activities or spreading rumors related to such individual. Workplace mobbing is needed to be repeated on a weekly basis for a minimum of six months and where the target perceives a power imbalance **(Salin et al., 2018).** Victims of workplace mobbing frequently go through five stages: denial and dispute, anger and violence, bargaining, depression and acceptance **(Fader, 2020).**

Signs of workplace mobbing in the nursing profession including; irritability, anxiety, exhaustion, poor concentration and low self-esteem, as well increased use of psychotropic medications, suicide attempt, with post-traumatic stress disorder **(Fang, Hsiao, Fang, & Chen, 2020).** Mobbing victims are more likely to miss work because of their mobbing-related health difficulties. Similarly, extended exposure to mobbing can cause stress, exhaustion, and decreased job satisfaction, which can lead to a decrease in commitment, as well as an increased desire to leave job or actual turnover **(Steffgen, Sischka, Schmidt, Kohl & Happ., 2019)**. Workplace mobbing could lead to negative workplace event as abusive supervision that reduces the capability and efficiency of nurses to fulfill their job demands and attain expectations, **(Ouedraogo& Koffi, 2018).**

Abusive supervision is defined as subordinates' perceptions that could extent to engage the supervisors in a sustained display of hostile verbal and nonverbal actions, and avoiding physical contact **(Tepper, 2017).** In addition to, **Mitchell & Ambrose (2007)** defined it as a type of aggressive behavior in the workplace. Furthermore, abusive supervision is defined as a lengthy exposure to unpleasant interpersonal acts in which the individual is unable to deal. These traits are likely to

combine to create a highly stressful environment marked by a lack of control **(Choi, 2016).**

The pattern of behavior that occurs once or twice or occasionally is not abusive supervision. It concludes only hostile verbal or nonverbal acts, and not including the physical contact hostility. Abusive supervision related to conduct rather than to intention, and cannot be defined as intention or motive **(Tepper, 2020).**

Nurses who thought their managers were abusive were more likely to lose their employment, while those who stayed showed stressed and burned out action. Workplace abuse was linked to decreased job and life satisfaction, with reduced normative and affective commitment, decreased trust in the supervisor, work-family conflict, and psychological distress **(Tepper, 2017).**

Psychological distress is a common mental health issue. It is a state of emotional suffering typically marked by symptoms of depression and anxiety **(Marchand, Drapeau , Prevost , 2012).** It refers to unpleasant feelings or emotions that have an impact on your level of functioning and cause non-specific stress, anxiety, or depression symptoms **(Viertiö, 2021).**

Psychological distress is a personal experience as no two individuals have the same experience with an events. It may indicate the beginning of a major depressive disorder due to sadness, anxiety, distraction, and symptoms of mental illness which all are manifestations of psychological distress. Extreme symptoms, such as hallucinations or delusions, may not appear until a person is experiencing extreme level of psychological distress **(Faubion, 2022).**

Uncontrolled psychological distress has a way of influencing every part of a person's life. Nurses could minimize stress by taking on less responsibilities by delegating to others, and asking for help. They also can adopt healthy lifestyle as a choices to maintain a good work-life balance, perform regular exercise as mindfulness practice and change the individual

personal thoughts, which could affect their moods and behaviors **(Scott, 2020).**

Significance of the study:

High workload, irregular working hours, high job demand, and emotional complexity are all connected with the nursing profession. The working environment of nursing practitioners is full of work pressure Head nurses could experience workplace violence in forms of mobbing and abusive supervision. Mobbing among head nurses poses a widespread threat to nurse's physical and psychological health. Workplace mobbing occurs when a person has engaged in at least two undesirable behaviors in one week. Abusive supervision, involves a supervisor abusing the supervisory power and responsibilities to harm the subordinates and creating a hostile work environment for them. Nurses who are mobbed at work and experience abusive supervision more exposed to psychological distress and are at greater risk of having poor mental health **(Birknerová, Zbihlejová & Droppa, 2021).** So, we need to assess workplace mobbing, abusive supervision and psychological distress among head nurses at Main Mansoura University Hospital.

Aim of the study

• The study aims to assess the levels of workplace mobbing, abusive supervision and psychological distress among head nurses.

• **Research question**

• What are the levels of workplace mobbing, abusive supervision and psychological distress among head nurses at Main Mansoura University Hospital.

Methods
Research Design
The study utilize the descriptive correlational research design.

Research Setting
This research was carried out at the Main Mansoura University Hospital including all in patient departments (general medicine, orthopaedic, medicine, dialysis unit, medical neuro- surgery , anaesthetic care unit, general surgery obstetric and gynaecological departments,

orthopaedic surgery and ear, nose and throat surgery) with general capacity of 1800 beds. The hospital is one that affiliated to Ministry of Higher education and offers a comprehensive range of health services in the Delta region.

Participants:
A convenient sample including all the available head nurses who are an employee at Main Mansoura University Hospital at the time of data collection and accepted to participate in the study (N=133).

Tools of data collection
Three tools of data collection were used:

Tool (1): Workplace Violent Behaviors Instrument. It composed of two parts :

Part(1):Personal and Job Characteristics:

It covered items as age, gender, educational level , marital status ,and experience years.

Part (2)Workplace Violent Behaviors Instrument:

It adopted from **(Dilek & Aytolan, 2008).** It aims to assess nurses' workplace mobbing. It contains of (33) items divided into four dimensions namely; individual's isolation from work (11 items), attack on head status (9 items), attack on personality (9 items) and direct negative behaviors (4 items).

Head nurses responses were measured by four point Likert scale ranged from strongly disagree (1) to strongly agree (4).

Scoring system
Based on cut of point 50%, the level of workplace mobbing is set as low <50%, moderate 50-75% and high >75%.

Tool (2) Abusive Supervision Scale:

It is adopted from **(Tepper, 2000).** It aims to assess typical thoughts and feelings of nurses about their supervisors. It contains 15 statements (*My supervisor tells me I am incompetent, makes negative comments about me to others).*

Head nurses responses were measured by five (5) point Likert scale ranged from (1) ever using this behavior to (5) very often.

Scoring system: Based on cut of point 50%, the level of abusive supervision is set as low <50%, moderate 50-75% and high >75%

Tool (3) Kessler Psychological Distress Scale (K10):

It was developed by **(Kessler et al., 2003)**.It aims to assess levels of psychological distress. It consists of (10) questions about emotional states. Head nurses responses were measured by five (5) point Likert scale ranged from (1) None of the time to (5) All of the time.

Scoring system: well disorder (10-19), mild disorder (20 - 24), a moderate disorder (25 – 29) and sever disorder (30 - 50) **(Kessler et al., 2003)**.

The study will be implemented through;

The preparatory Phase

Tools Validity and reliability

Five experts in the field of nursing administration and psychiatric nursing evaluated the research instruments for face validity, evaluating the items as well as the entire tool as relevant, comprehensive, and acceptable.

Reliability was assed using Cronbach's alpha test. the results reviled 0.879 for the first tool, 0.899 for the second tool and 0.879 for the third tool.

Ethical considerations

An ethical approval was obtained from the Research Ethics Committee of Faculty of Nursing, Mansoura University. An official permission to conduct the study was obtained from the responsible administrator of the hospitals. All participants were informed that participation in the study is voluntarily and that they have the right to withdraw from the study at any time. All participants were assured about the confidentiality of the collected data and the privacy for the study sample during data collection will be assured.

Pilot study

A pilot study was conducted on 10% of head nurses at the Main Mansoura university hospital (13 head nurses) to assess the tools' simplicity and applicability, as well as the time required to fill in the questionnaires. The pilot study subjects were randomly selected and included in the study population as no modifications were needed.

Field work

The researchers presented themselves to the studied sample, clarified the aim of the study, and the manner to fill the questionnaire, oral approval was taken from the studied sample. All participants were given the questionnaire during their morning and afternoon shifts. The actual field work started from March to June 2022, and the time required to complete the sheets ranged from 10-15 minutes. Data was collected throughout a three-month period.

Statistical design

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 22, SPSS Inc. Chicago, IL, USA). Categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. Independent t-test was used to test the difference between two mean of continuous variables. ANOVA test used to test the difference between more than two mean of continuous variables. Chi-square test was conducted to test the association between two categorical variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Statistically significant was considered as (p-value ≤ 0.01 &0.05).

Results

This table showed the personnel characteristics of the studied head nurses. Regarding age, more than half of head nurses (53.4%) aged from 20-30 years old, 78.2% of them were female, (69.2%) of them were married . The majority of them (88.7%) having bachelor degree in nursing and (38.3%) of them had less than 5 years experience.

This table showed that the total workplace mobbing mean score was 76.60±23.43. Regarding workplace mobbing factors; individual's isolation from work has the highest mean score (27.21±9.34), followed by attack on head status (25.03±7.50) while the least affective factor was the direct attack with mean score (5.46±1.90). According to abusive supervision behaviors and the psychological distress the total mean score for both were (29.07±12.15) and (24.99±8.61) respectively

This figure illustrated that (45.1%) of head nurses have moderate level of workplace mobbing, while (29.3%) of them have mild level of abusive supervision. Finally, (27.1%) of them have sever level of psychological distress.

These figures illustrates co-relation between workplace mobbing, abusive supervision, and psychological distress among the studied head nurses. There is a highly statistically significant positive correlation between workplace mobbing, abusive supervision and psychological distress.

Table (1): Personal characteristics of the studied head nurses (N=133).

Variables	No	%
Age years:		
▪ 20-<30	71	53.4
▪ 30<35	47	35.3
▪ ≥35	15	11.3
Gender		
▪ Male	29	21.8
▪ Female	104	78.2
Level of education		
▪ Bachelor of nursing	118	88.7
▪ Postgraduate studies	15	11.3
Marital status		
▪ Single	32	24
▪ Married	92	69.2
▪ Divorced	6	4.5
Experience years:		
▪ ≤5	51	38.3
▪ 6-10	44	33.1
▪ >10	38	28.6

Table (2): Mean scores of workplace mobbing, abusive supervision, and psychological distress as perceived by the studied head nurses (N=133).

Variables	No of items	Min- max	Mean±SD
1. workplace mobbing	33	37.0-133.0	76.60±23.43
▪ Individual's isolation from work	11	11.0-51.0	27.21±9.34
▪ Attack on head status	9	12.0-44.0	25.03±7.50
▪ Attack on personality	9	9.0-41.0	18.88±7.43
▪ Direct attack	4	4.0-14.0	5.46±1.90
2. Abusive supervision	15	15.0-65.0	29.07±12.15
3. Psychological distress	10	10.0-50.0	24.99±8.61

Figure (1): Levels of workplace mobbing, abusive supervision, and psychological distress as perceived by the studied head nurses (n=133).
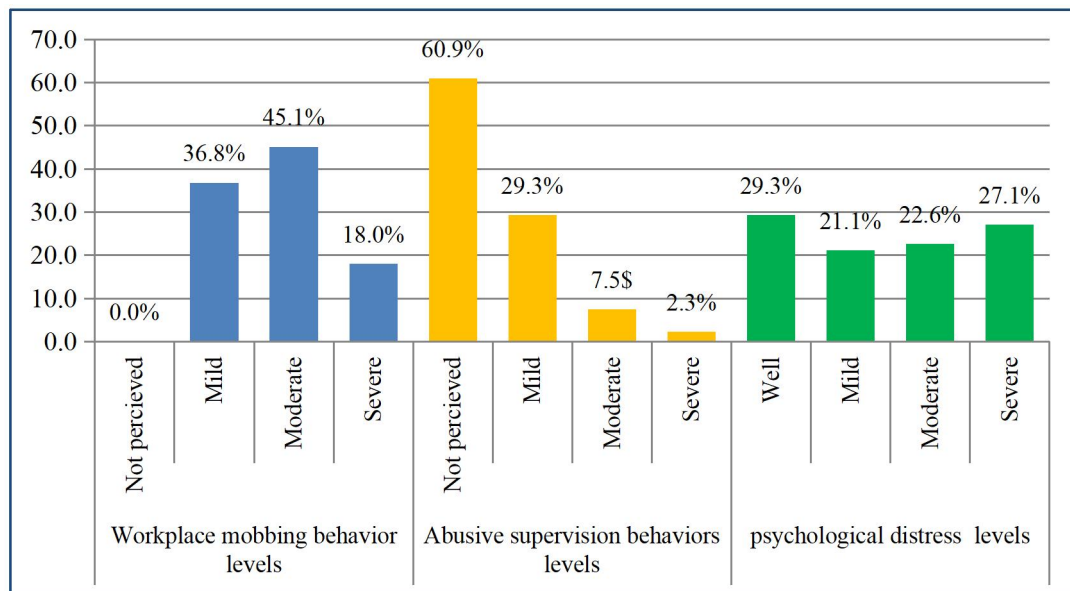

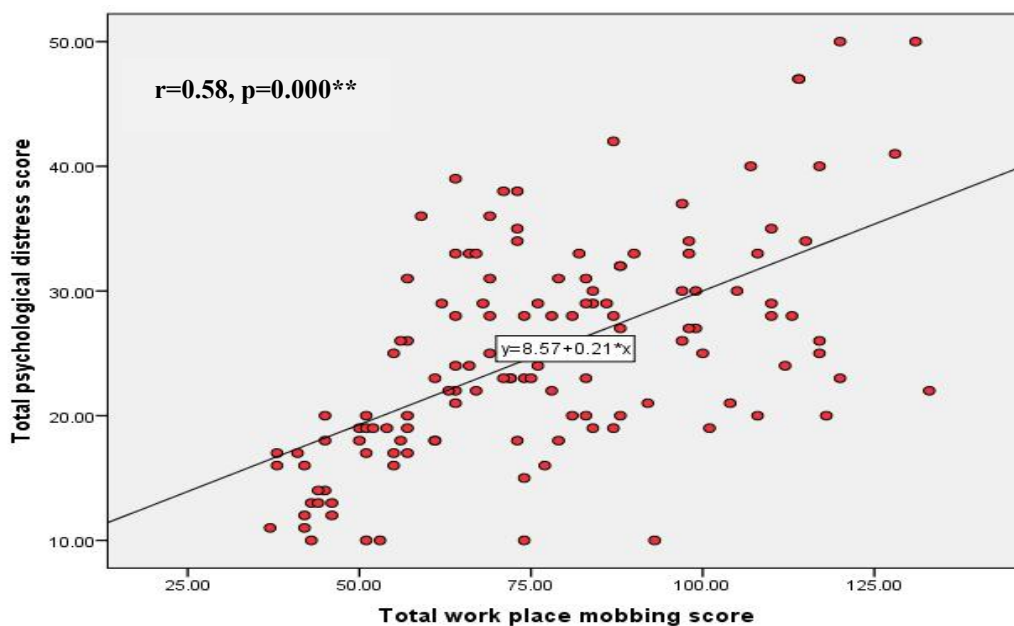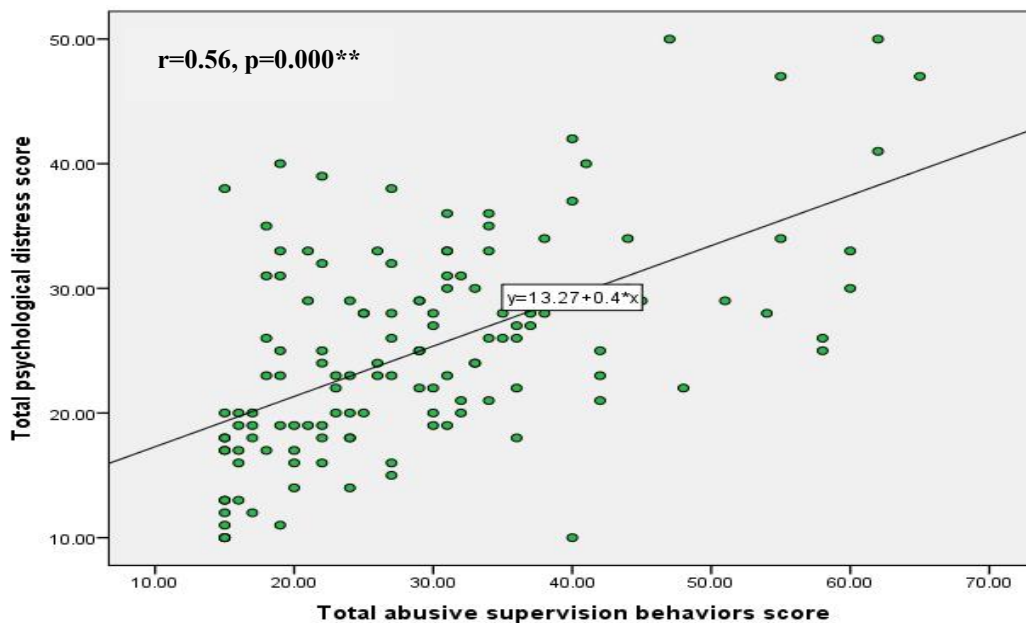**Figure (2): correlation between workplace mobbing and psychological distress among the studied Head nurses (N=133).**

Figure (3): co-relation between abusive supervision and psychological distress among the studied Head nurses (N=133).

r=0.56, p=0.000**

y=13.27+0.4*x

Discussion

Hospitals are basically stressful organizations where different healthcare heads are frequently exposed to various job stressors that can adversely affect quality of service offered. As a result, head nurses' wellbeing is crucial not just for nurses, but also for patients and healthcare institutions. Head nurses' perceptions regarding the extent exposure to the verbal and nonverbal hostile behaviors as mobbing and abusive supervision had been associated with subordinates' mental health problems such as psychological distress.

Current study finding showed that workplace mobbing and abusive supervision are positively associated with psychological distress of studied nurses. This may be due to that nursing profession is a complex and multi-dimensional tasks as head nurses suffer from hostile or aggressive acts over a period of time from other work staff as the supervisors or coworkers. This is in line with **Yamada , Duffy & Berry** (**2018) & Lu et al.,** (**2019)** who found that workplace mobbing leads to burnout with serious negative consequences of workplace

mobbing that could reflected on the hole health-care organization, through stress feeling, frustration, physical and psychological disorders, increase absenteeism rate, poor level of performance and turnover. All that could had an effect on the head nurses performance. Likewise, **Hampton, Tharp & Kay (2019)** points out in their study that nurses exposure to mobbing can lead to psychological symptoms leading to burn out, turn over and/or organizational failures .

Also, **Liang(2016)** reported that supervisory abuse affects negatively on the psychological and health wellbeing, of the nurses. The presence of mobbing in the workplace can be a strong indicator of mental health problems among the nursing staff. Furthermore, a study done by **Hussain & Sia (2017)** revealed that a substantial and positive influence of abusive management of the individual psychological and behavioral disorders leading to workplace nonconformity. **Baig& Riaz (2021) also,** found that abusive behaviors of supervisors may induce psychological discomfort in subordinates, which lead to depression, anxiety, emotional exhaustion and negative nurses attitudes. Also, **Choi, (2016)** reported that the stress from

workplace mobbing and abusive supervision may subsequently raise negative emotions leading to psychological distress.

The current study showed that studied nurses experienced individual's isolation from work as the main source of workplace mobbing. This may be due to that studied nurses didn't receive enough support from their supervisors or their peers and their individual goals weren't consistent with the organizational goals as they feel separated from their workplace. On the same line with the current study findings **(Segal, 2017)** reported that main workplace mobbing source was individual's isolation which lead to criticising one's work, exaggerating minor errors, failing to attend critical meetings or events, and spreading rumours about one's personal life. In contrast, **Lewis & Orford (2005)** stated that the most common source of mobbing is the directors, while **Khoshknab et al., (2015)** reported that the main source of mobbing was patients' families. Furthermore, **Elewa & El Banan(2019)** revealed that the direct negative attack from the supervisors is the main source of mobbing as more than half of the staff nurses bullied by patients and around one third of them experienced mobbing by patient's relatives.

As well, the current study finding showed that less than half of the nurses in the study experienced moderate level of workplace mobbing. This may be due to that the nursing managers encourage nurses to report workplace mobbing, punish them to be perpetrators, and safeguard those who report cases from subsequent mobbing attacks through establishing procedures that control interpersonal connections among nurses.

On the same line with the current study results **Mahmoud, Elsaid& Kamel (2020)** reported that more than a third of staff nurses said that they receiving moderate level of mobbing at workplace. The current study's findings disagreed with **Nwaneri, Onoka, A. and Onoka, C., (2016)** who found that workplace mobbing among head nurses is reported to be high. Also, **Hosseini, Mousavi, Hajibabaee & Haghani (2020)** reported that

the workforce mobbing experienced by professional nurses is low.

The current study showed that about one third of studied head nurses perceived abusive supervision in their workplace. This results may be due to that the studied nurses experienced task and personal attacks or isolating behaviors and negative comments from their supervisors. On the same line with the current study results, **Wisse &Sleebos (2016)** reported that head nurses explained that nurse managers at a high-power position were the main source of abusive supervision at workplace. Also, **Estes (2013)** reported that head nurses in an urban South Florida reported a high rate of abusive supervision, as nurses reporting a negative impact on their performance and compliance. In addition to, It has been found that head nurses at public hospitals have a high rate of abusive monitoring; these abused nurses may be more likely to engage in unproductive behaviour **(May, Murali& Jo,2019).**

The present study findings showed that more than one quarter of the studied head nurses had sever level of psychological distress. This results may be due to exposure of the studied nurses to a deviated behaviours causing stress, anxiety and in ability to cope with work stressors. Also, high work load could lead to psychological distress. This findings supported by **Ghawadra, Abdullah, Choo& Phang (2019)** who mentioned that the level of distress, anxiety and depression among nurses in any teaching hospital is high. Moreover, **Bizri, Kassir, Tamim, Kobeissy& Hayek (2022)** reported that most nurses who working at a tertiary care institution in Lebanon their outbreak scored between low/moderate regarding stress level and one-third of them experienced post-traumatic stress disorders. Also, the prevalence of psychological distress of head nurses in a Shandong Province tertiary hospital, in China was high **(Liu, Yang, & Zou,2021)**

Conclusions

The study conducted that less than half of studied head nurses had moderate level of

workplace mobbing and more than quarter of them had mild level of abusive supervision and sever level of psychological distress. There was statistical significant positive correlation between psychological distress and both workplace mobbing and abusive supervision among the studied nurses.

Recommendations:

For nurse manger :

• Develop polices to control workplace mobbing as open-door and confidentiality policies.
• Develop and implement training programs to increase awareness about how to control workplace mobbing, and abusive supervision.
• Apply training program for workplace stress management.
• Maintain effective communication to understand, recognize and report the early signs of potential violence among nursing staff.

For head nurses:

• Keep detailed records and documentation of any deviant behavior.
• Apply stress management interventions in order to deal with the psychological distress.
• Develop a healthy work-life balance and creating opportunities for social interactions to decrease level of psychological distress

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