

Effect of Work Place Bullying on Job Performance And Health Among Nurses

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Abstract – At the beginning of the 21st Century, workplace bullying became a hot topic of discussion. There have been a limited number of research studies on bullying to which nurses are exposed. Bullying at work has a negative impact on a person's ability to do their job. The purpose of the current study is to determine the rate and nature of workplace bullying experienced by nurses who work in tertiary care in Pakistan and the effects on nurses' practice and depression status. A five section survey form was used for the collection of research data. The first section consisted of the participants' demographic information, such as gender, age, education, position and experience. The other variables were collected in four groups: workplace bullying behavior, workload, organizational effects and depression. The cross sectional study design was conducted in a tertiary care hospital for the period of six months. The sample Size was 110 Nurses of tertiary care hospital and the sampling technique was Convenient Random Sampling and the measurement tool was a questionnaire including five sections. The first section included the participants' demographic information; the other variables were measured in four categories: Workplace bullying behavior, workload, working hour, organizational effects, and depression. Data collection method was distribution of questionnaire. Workplace bullying leads to depression, lowered work motivation, decreased ability to concentrate, poor productivity, lack of commitment to work, and poor relationships with patients, managers and colleagues. Bullying experienced by nurses negatively affects nurses' job performance and can lead to depression. It is hoped that practitioners in the field will take these findings into account in order to modify the working conditions of clinical nurses and decrease bullying behaviors in the hospitals.

Keywords – Bullying, Work Place, Job Performance, Health and Nurses

I. INTRODUCTION

Bullying at work hinders a person's ability to carry out their job responsibilities. A circumstance in which a person believes they are the victim of negative, pattern-setting conduct that has been intentionally directed at them over an extended period of time with the intention of causing them harm and in which they are unable to protect themselves. The persistent animosity and violent treatment of a worker by

another worker or workers, expressed through acts and behaviors including verbal abuse that is disrespectful of another person's job and hateful remarks meant to hinder productivity at work. Bullying at work impairs an individual's capacity to perform their job duties. Victims of bullying often show signs of increased absenteeism, poor productivity, and difficulty concentrating due to the mental pain caused by the bullying [1]. When workers are bullied, they find it difficult to complete tasks and are unable to share their experiences with others [2]. Task and output performance are declining [3]. Bullying at work has been strongly linked to increased stress and declining task performance, according to reports [4]. Whether or whether employees meet the organization's expectations in regard to the goals that must be met is the main criterion for evaluating task performance. Furthermore, each activity employees take needs to be linked to the company's goals [5].

Achieving personal and organizational goals requires effective communication among all stakeholders, including management, staff, suppliers, and clients. When they communicate well, they may talk about and plan for the roles that each person plays in reaching common goals. Achieving an organization's goals usually benefits stakeholders and other related parties. Therefore, companies need to ensure that their team is working at maximum efficiency if they want to prosper through optimal productivity [6]. The purpose of this study is to ascertain the frequency and type of workplace bullying that Pakistani tertiary care nurses face, as well as how it affects their practice and level of depression.

Objectives:

This study was conducted as a cross-sectional and descriptive study to evaluate the work environment, nurse bullying at tertiary care hospitals, and the impact of bullying on depression and job performance.

II. MATERIALS AND METHOD

Study design: Cross sectional study design conducted in a tertiary care hospital.

Duration: For the period of six month

Sample Size: 110 Nurses of tertiary care hospital

Sampling technique: Convenient Random Sampling

Measurement tool: A questionnaire including five sections was used.

The demographic data of the participants was presented in the first section. Four types of factors were measured: workplace bullying behavior, workload, working hours, organizational effects, and depression.

Data Collection Method: Distribution of questionnaire

Independent Variables: Age, marital status, work experience and education

Dependent Variables: Workplace bullying behavior, workload, working hour, organizational effects, depression

Tools of data collection:

The research data was gathered using a five-section survey questionnaire. The demographic data of the participants, including gender, age, education, position, and experience, was presented in the first section. The remaining variables depression, workload, organizational effects, and bullying behaviors at work were gathered into four groups.

1. Behavior to workplace bullying

The nurses' perception of bullying at work was gauged using a 33-item questionnaire created by [7]. The nurses were asked to indicate how often, over the previous 12 months, they had experienced the behaviors listed as antagonistic and unethical in the workplace that had a negative impact on their ability to perform their jobs. They were also asked to indicate the source of each behavior they had encountered (supervisor, coworker, subordinate, etc.). The instrument was divided into four subcategories: "direct attack," "attack on personality," "attack on professional status," and "individual's isolation from work." On a 6-point rating system, ranging from 0 ("I have never incurred") to 5 ("I constantly incur this"), the items were assessed.

2. Workload

A measure consisting of eleven items, modified by [8], was utilized to assess the participants' job-related experiences, flexibility, and workload. The tool featured statements like "My job requires me to work a

lot and for long hours" and "I am being overburdened by my workload and responsibilities." I had to make sacrifices in my personal life in order to execute my job well. A 5-point Likert scale, ranging from 1 ('I totally disagree') to 5 ('I absolutely agree,' was used to evaluate the items.

3. Hours of work

The inquiry, "How many hours a week do you work?" was used to calculate the overall number of hours worked per week.

4. Effects on Organization

A questionnaire that had been created based on information from literature regarding how bullying at work impacts job performance was included in the fourth segment. The participants were questioned about how their ability to do their jobs was impacted by being around bullying behaviors at work. This section evaluated the following aspects of the job: motivation for the work, focus on the task at hand, relationships with patients, supervisors, and coworkers; effects on teamwork; productivity of the job; ability to complete tasks on time; planning tasks; use of time; dedication to the work; desire for career advancement; and energy level. In response, the participants gave answers ranging from 0 (not at all influenced) to 4 (very badly affected).

5. Depression

A questionnaire that had been created based on information in the literature regarding how workplace bullying impacts job performance was included in the fourth segment. The individuals' level of depression was assessed using the Beck Depression Inventory (BDI). There are twenty-one categories in the tool. There were four items in each category. These items had a score ranging from 0 to 3, with 63 representing the best possible overall score and zero representing the lowest. The overall score indicated the degree or intensity of depression symptoms. Beck categorized the depression tool scores as follows: A score of 0–13 meant there was no depression, 14–24 meant there was a moderate level of depression, and 25–plus meant there was severe depression.

Statistical Analysis

The data analysis mostly made use of descriptive statistics, such as frequency, percentage, mean, and standard deviation. An analysis of variance (ANOVA) test was employed to ascertain the existence of a distinction between education level and position.

III. RESULTS

1) Workplace bullying behaviours

Assaults on one's professional standing were the most prevalent kind of bullying behavior, followed by assaults on one's personality. According to the participants, "having someone speak about you in a belittling and demeaning manner while in the presence of others" was the most frequent bullying action (56%). 40% of the participants said they had encountered this conduct from their administrators, 34% from their coworkers, and 5% from their subordinates. Making you feel like you and your job are being controlled was the second most frequent bullying behavior reported by the nurses (49%). This was reported by 42 percent of administrators, 22 percent of coworkers, and 8 percent of subordinates. Being held accountable for actions you did not commit is the third most frequent form of bullying behavior (48%). 39% of respondents reported experiencing this from supervisors, 33% from coworkers, and 7% from subordinates. The Supporting Information Table displays the bullying behaviors that nurses experienced. Of the participating nurses, 37% reported never or almost never having experienced bullying at work in the previous 12 months, but 21% reported having experienced bullying firsthand.

2) The relationship of bullying to age, education level, position and workload

The purpose of the ANOVA testing was to look at the variations in position and education level. Regarding aggressive behaviors at work, there were no discernible differences between educational attainment and position ($P>0.05$). Using Pearson's product-moment correlations, relationships between bullying and workload, nurses' age, and years of total work experience were examined. According to correlations, bullying was positively correlated with total years of nursing work ($P<0.05$) and work

overload ($P < F_{39.70}$; $=P = 0.01$). Bullying, however, had a negative correlation with nurses' ages ($P = 0.48$; $= 0.01$). The association between the number of years of service, age, workload, and exposure to bullying among nurses was investigated using regression analysis ($P < 0.00$). It was found that 15% ($P < 0.01$) of the nurses who experienced bullying behaviors were impacted by their age (being younger), and 45% ($P < 0.00$) of the nurses faced bullying behaviors because of their workload. Bullying behaviors were not impacted by the total number of years spent working as a nurse ($P > 0.05$).

3) Effect on nurses' job performance

The three aspects of a nurse's work performance that were most impacted were commitment to work, energy level, and job motivation. The presence of bullying behaviors at work was also positively correlated with depression (the impact of bullying behaviors on nurses' job performance was examined using Pearson's product-moment correlation test). The results showed that bullying behaviors also had a negative impact on the victims' productivity ($r = 0.46$; $= P = 0.00$), work motivation ($r = 0.49$; $= P = 0.00$), commitment to work ($r = 0.44$; $= P = 0.00$), and relationships with patients ($r = 0.42$; $= P = 0.00$), managers ($r = 0.47$; $= P = 0.00$), and coworkers ($r = 0.45$; $= P = 0.00$). The findings also showed that bullying behaviors had an adverse effect on the victims' job performance.

4) Effect on nurses' depression status

The study revealed a positive association between the depression state of nurses and their exposure to bullying behaviors, as well as their workload. Among the 130 nurses who participated in the research, 45% displayed symptoms of moderate to severe depression (Supporting Information Figure). Regression analysis was done on the depression status of the nurses, and the results showed that both excessive workload and exposure to bullying behaviors had significant effects ($F = 56.61$; $= P < 0.00$). As a result, 33% ($P < 0.00$) of the nurses who experienced depression were impacted by excessive workload, and 30% ($P < 0.00$) by bullying behaviors.

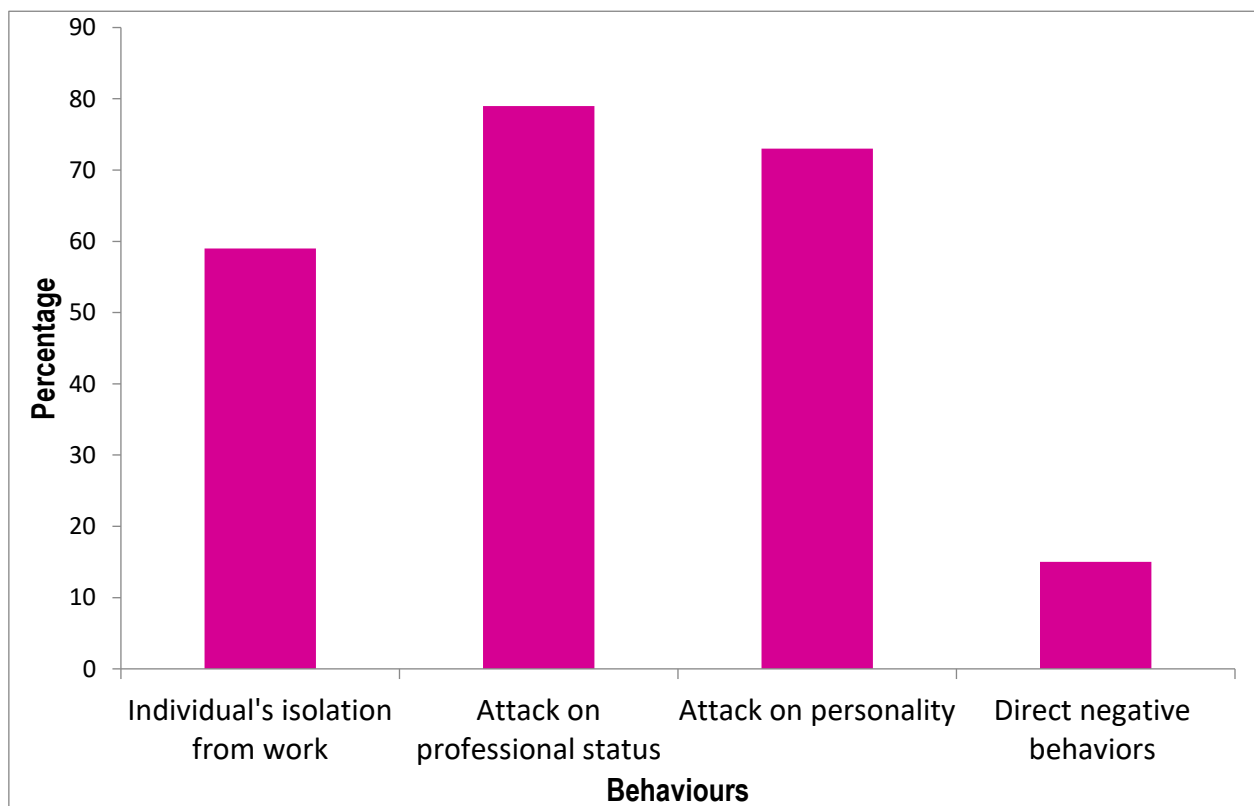


Figure 1. Percentage of Bullying Behaviors

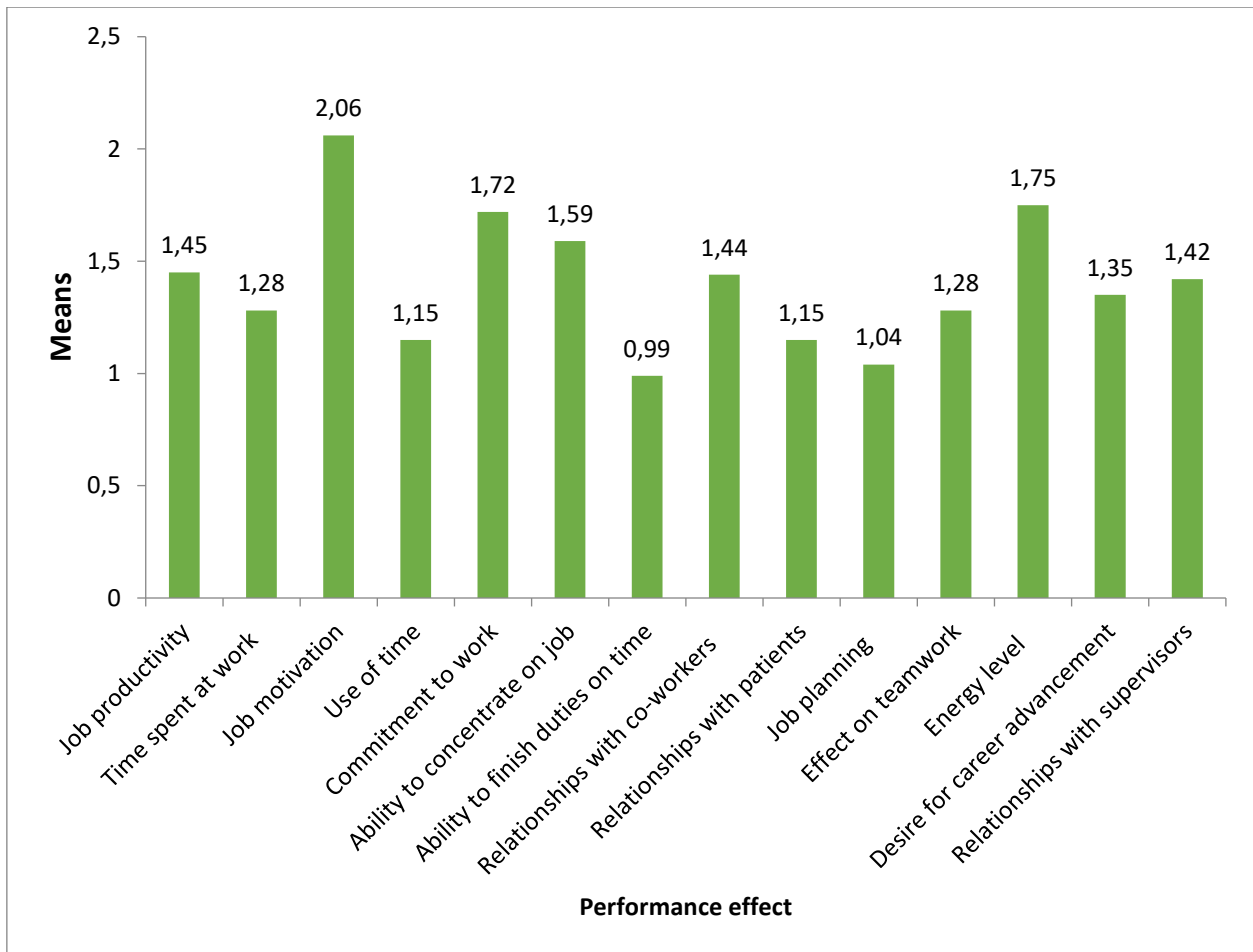
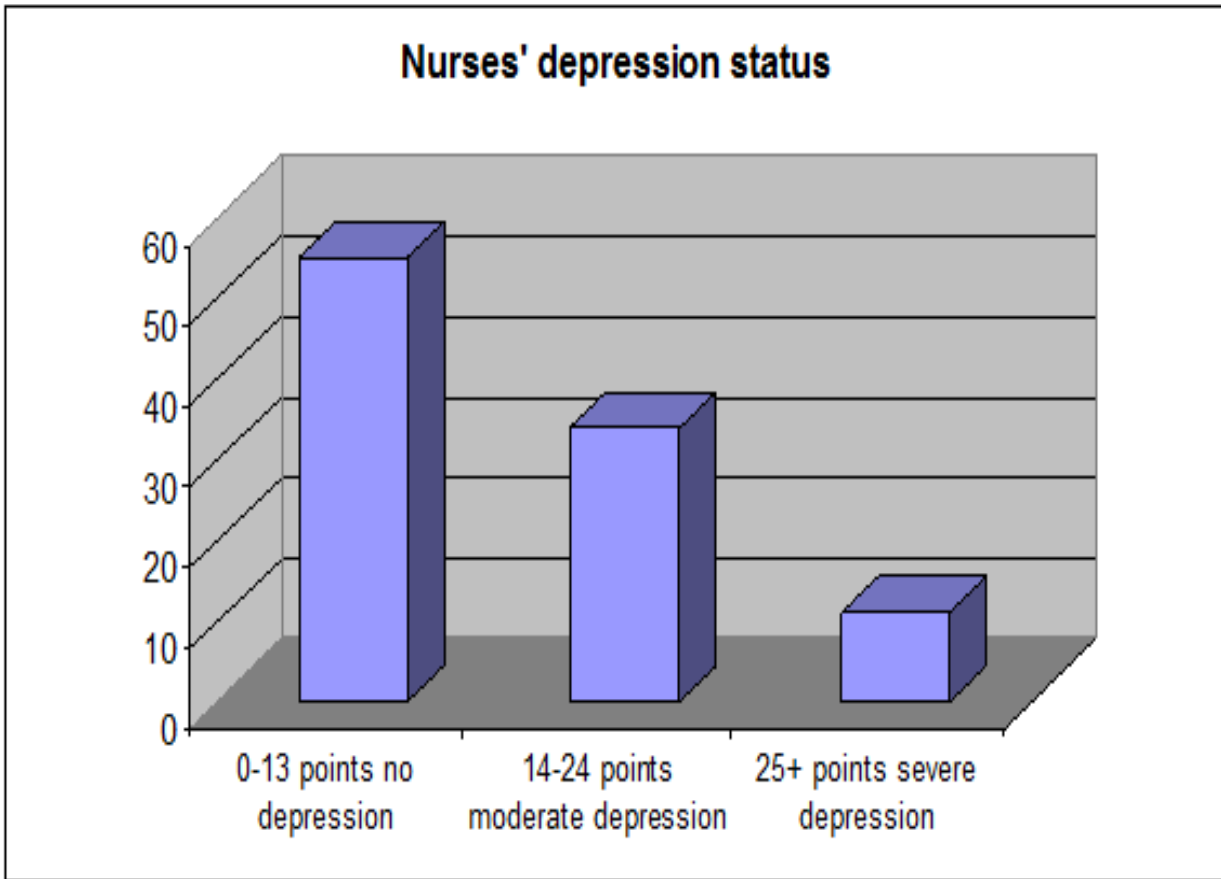


Figure 2. Effect of being exposed to workplace bullying behaviours on participants' job performance



IV. DISCUSSION

Workplace bullying behaviours

Bullying behaviors in the workplace are observed in many industries, although they have been found to be particularly prevalent in healthcare settings [9]. In this study, a sizable portion of the participants (82%) reported having experienced bullying behaviors at work at least once in the previous 12 months; of these, 21% reported having been purposefully subjected to such behaviors, and their supervisors were usually the source of such behaviors. Our findings and those of other studies on the topic showed that most nurses experienced bullying at work, and that bullying behaviors were often imposed upon them by other nurses, assistant nurses, or head nurses in their own departments. [10]

According to other studies, which corroborated our findings, the most frequent forms of bullying behaviour experienced by victims included having their goals changed, having important information withheld from them, feeling excessive pressure to deliver, and being shut out, ignored, or ostracized. Furthermore, regarding workplace bullying, the most prevalent conduct reported by nurses (56%), it involved "being spoken to in a belittling manner around others," this involves both verbal and personal attacks. Oftentimes, the bullying targeted the nurses' personalities and their status as professionals. Victims were belittled, mocked, yelled at, or given orders, and their words were expressed in an impolite manner.

The relationship between bullying and age, education level, position and workload

Our study shown that bullying behaviors in the workplace can affect any nurse, irrespective of their position or degree of education. On the other hand, negative behaviors were more common among young nurses. Our findings that younger workers are frequently the targets of direct assaults and unfavorable

actions by more senior and experienced workers were corroborated by other research on the topic, which found that workload was the main factor influencing psychological violence in the workplace [7 & 8]. The findings of this study, which corroborate those of earlier studies, showed that youth and an excessive workload had a substantial impact on nurses' exposure to bullying behaviors at work. Overload is associated with understaffing. Inadequacy pertains not only to the quantity of employees but also to their level of training and expertise in respect to the patients' needs. Overwork and time constraints prevent nurses from completing their tasks on time, which frequently leads to nurse supervisors treating other nurses poorly—especially the less experienced employees. The conclusion is that nurse manpower is viewed as an expense account due to the high workload and the nurse supervisors' emphasis solely on the working outcome. As a result, this circumstance may diminish the value of nursing professional practice and nursing care [10].

Effect on nurses' job performance

Every employee at the organization experiences pressure, weariness, and intimidation as a result of an overly stressful work environment. The institution found that workplace bullying had a negative impact on relationships with coworkers and supervisors. Additionally, employees who are the direct targets of bullying experience negative work behaviors, such as decreased job satisfaction, decreased job performance, decreased productivity, less motivation, increased possibility of making a work-related error, and decreased connectivity to the job. This study found that nurses exposed to workplace bullying behaviors experienced negative effects on their job motivation, energy level, and attachment to the institution, and relationships with patients, supervisors, and coworkers [6]. These findings are consistent with previous research. Negative interactions or communication with supervisors and coworkers, according to [10], lowers the motivation and performance of nurses. Furthermore, because they are in regular touch with supervisors and coworkers while providing patient care, nurses believe that their relationships with these individuals are critical to their success. As a result, bullying behaviors impair both an efficient and productive work atmosphere and the provision of patient care.

Effect on nurses' depression status

Some nurses do not wish to abandon their jobs despite these bad behaviors because it can be challenging to obtain a stable job during a crisis. It is well known that mobbing victims suffer from severe mental, psychosomatic, and psychosocial issues in addition to having their emotional health severely compromised. Bullying, however, is perceived differently by its victims, and its consequences fluctuate depending on the individual. Research suggests that in order to avoid major health issues, victims of bullying should seek professional help as soon as possible [7]. About half (45%) of the nurses who took part in our study had symptoms of depression, and the regression analysis showed that the nurses' sadness had a substantial impact (33%) on their exposure to psychologically violent behaviors. This demonstrates that depressive symptoms are also experienced by nurses who are subjected to bullying at work.

V. CONCLUSION

Bullying at work causes depression, low motivation, poor concentration, low productivity, a lack of dedication to the job, and strained relationships with coworkers, bosses, and patients. The bullying that nurses endure has a detrimental impact on their performance at work and may even cause despair. It is hoped that professionals in the sector will consider these results when making changes to clinical nurses' working environments and reducing bullying incidents in hospitals.

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