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Workplace Bullying Among the Nurses at a Tertiary Level Hospital, Bangladesh

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Abstract

Background: The worldwide nurses elicited that uncivil behavior as insignificant in the nursing profession including, horizontal violence, horizontal hostility, lateral violence, mobbing, eating your young, and psychological harassment.

Aim: The descriptive correlational study aimed to identify relationship the demographic characteristics and work place bullying among the nurses in a tertiary level hospital in Bangladesh.

Method: Data were collected by using self-administered questionnaires from the random samples of 153 nurses. The questionnaires included demographic questionnaire and work place bulling questionnaires. Data has analyzed by using descriptive statistics and inferential statistics (Independent T test, and ANOVA test) to identify the relationship between demographic characteristics and work place bullying questionnaire. The validity of questionnaires was checked by five experts. The content validity index and reliability of the questionnaires on work place bulling was 0.93.

Result: The result of the study showed that nurses perceived a moderate level of work place bulling (M = 3.79; SD = 0.29**)**. This study revealed that there was educational status and work experience in demographic variable had significant, and positive relationship with work place bulling among the nurses ($F = 2.145$, $p < .04$; $F = 1.98$, $p < .05$).

Implication: The results of this study will helpful for nurse administrator to improve work place in context of quality of nursing care and hassle-free work environment. Nurse administrator can apply the study result to improve nursing knowledge in different aspects of their profession.

Key words: Bullying, Workplace bulling, work environment, Health Service, Nurse, Bangladesh

Introduction

Nurses worldwide acknowledge uncultured style as norm in the profession. Many different terms have been used interchangeably describing bullying, including, horizontal violence, horizontal hostility, lateral violence, mobbing, eating your young, and psychological harassment. Research clearly demonstrates high levels of nurses experiencing and witnessing bullying. The actual level of bullying is difficult to determine [1]. A researcher identified the impact of subtle bullying and incivility on 336 Canadian nurses' perceptions of risk to patient various studies report the incidence of bullying to be as high as 72% in nursing [2], with other studies findings found that incidence of bullying around 50% [3]. The consequence of bullying in the workplace includes negative effects on physical and mental health of the individual leading to attrition from the nursing profession [4]. The demographic groups at a greater risk of being exposed to workplace bullying includes nurses who are younger and less experienced, male nurses, and night shift and weekend shift nurses [5].

A recent researcher stated that workplace bullying is the repeated mistreatment of one employee who is targeted by one or more employees with a intend of humiliation, intimidation and sabotage of performance [6]. Many Studies show that bullying may affect the employee job satisfaction and health, such as physical, mental, frequently psychosomatic health symptoms well-established [7]. Others may encounter social isolation, family, and financial problems through absence or discharge from worker [8]. Many studies have shown that nurses are more vulnerable to workplace bullying than doctors and other health care. Earlier research conducted by [9] showed that workplace violence among healthcare workers in Bangladesh Formal guidelines for reporting and managing workplace violence are urgently needed at the individual, hospital, and national levels [9]. Most reports on workplace violence and healthcare workers have appeared in the media through newspapers and electronic media in Bangladesh but without systematic research on the prevalence and effects of workplace violence. Another study identified that overall work place bullying among female nurses was 74.46% in Bangladesh [10]). Nurses are progressively more in high demand in health care organizations of Bangladesh to care for acutely ill patients and nursing is a workforce numerically dominated by women [11].

This study will explore the effective work place behaviors is important by Bangladeshi nurses. Finally, from the literature reviews, the problematic situation of nurses in Bangladesh and the inadequate nursing knowledge on work place bullying in Bangladesh. Consequently, it could be helpful to establish reciprocal and clear expectations among the nurses and students and work place bulling which would be obliging to create a healthy work atmosphere contributing to effective their job. It is undoubtedly ascertained that, there is an urgent and compelling need to gain better understanding of what constitutes effective in work place. Moreover, nurses working field is very new growing comparatively to the medical education. Thus, it is the worthwhile to endeavor a study regarding nurses on work place bulling in Bangladesh for upgrading the Bangladesh nurses work environment effectively.

Material and Methods:

Sample selection:

In this descriptive cross-sectional study, we examined the level of knowledge and relationship between the knowledge of the work place bullying in a selected tertiary level hospital, Bangladesh.

We collected data at a public, referral, and tertiary-level hospital in Dhaka, Bangladesh from June'2024 to Dec"2024. We selected 180 nurses by a simple random sampling technique. The estimated sample size was calculated for an acceptable minimum level of significance (α) of <0.05, an expected power (1-β) of 0.80, and an estimated population effect size of 0.25 (γ) [12].

Instrument

We collect data and measure the main variables in this study, a signal-part questionnaire was used which was work place bullying in nurse's questionnaires were revalidate by Bangladeshi research expert, consisting of reliable and valid tool.

The self -administered questionnaires will be used in this study. It contains two sections including:

1. Nurses" Demographic Questionnaire: age, gender, marital status, religion, level of education in nursing, years of working experience, monthly salary (in taka), shift of work, and current positions hold and work place. 2. Work place bullying measured by work place in nurse's questionnaire developed by [13]. It contains 20 items nine dimensional questionnaires including threat to professional status, threat to personal standing, isolation, overwork, and destabilization. Each facet is assessed with five itemsusing a Likert-type rating scale format with five ordered response option ranging from strongly disagree to strongly agree (Strongly agree= 5, Moderately agree =4, Neutral = 3 Moderately disagree =2, and strongly disagree =1. Reliability of the work place bulling in nurse's questionnaire is 0.93. A higher score indicates more bullying in work place in the organization based on the question. The Content Validity Index (CVI) are acceptable at least .80 [14]. The pilot study was conducted to 25 nurses working in the same hospital. For the internal consistency, the Cronbach's alpha coefficient was 0.91 for work place bullying, indicating that these instruments were reliable.

Ethical Consideration:

The International Review Board of the Public Health Foundation Bangladesh, Dhaka – 1000, approved in this study. All participants provided an informed consent. They were assured of the anonymity and confidentiality of their responses and that only the overall results were presented to the nursing administrators to design the needed managerial interventions.

Findings of the study

The Statistical Package for the Social Sciences (SPSS) version 23 was used to analyze the data.

Frequencies and percentages were calculated for study sample characteristics. Descriptive statistics, including, measures of central tendency and means were calculated for each subscale and total score of the work place bullying questionnaire.

We examined the statistical difference between the demographics (Age, gender, marital status, religion, level of education in nursing, work experience, monthly income, duty station) and the work place bullying as dependent variable. We compared two independent groups in gender (male, female), religion (Muslim, Hindu and others), Marital status (Married, Unmarried) Furthermore, we compared ANOVA test in three or more independent groups based on age (<30, 31 – 41, ≤42), educational status (Diploma in Nursing, BSc in Nursing, Master in nursing or over), monthly income (<30,000, 30,001 – 40,000, and ≤40,000Taka and more), and length of work experience in nursing (<10, 10.01 – 20, and ≤20 years) duty station preferred patient ward (Medicine, Surgery, and Others Units), and shift of work (8am – 2 pm, 2pm – 8 pm, 8 pm – 8 am).

In this study, showed that overall work place bullying (M= 3.79 and SD = 0.29) and significance relationship between the educational status and work pace bullying (F = 2.145; P = 0.04), work experience and work place bullying (F =1.198; P = 0.05) following ANOVA test. In addition, gender and work place bullying (p= 0.06) was weak relationship following independent test.

The findings of table showed that the age of most subjects was between 43.1 – 59 years (n = 66, 43%), Range = 34.00; Minimum = 25.00; Maximum = 59.00. The largest portion of the subjects were female (n = 136, 89%) and married (n = 125, 82%). It was found that more than subjects (n = 119, 78%) were Muslim. Most of them had B.Sc. in nursing degree (n =54, 35%), diploma in nursing (n = 52, 34%), and M. Sc. In nursing or more (n = 47, 31%). Majority of the subjects had 1 – 10 years of working experience in nursing (N = 61, 40%) and 20.1 – 30 years or more were (n = 51, 38%). Most of the subjects had monthly salary was higher that is over 40,001 Tk. (n = 58, 38%), 20,000 – 30,000 was (n = 50, 33%), and 30,001 – 40,000 was (n = 41, 27%). Most of the participants choose shift of work (n = 99, 65%), and work place setting in medicine ward (n =80, 52%). The Cronbach's alpha coefficient of 0.86 of Work place bullying questionnaire which suggests were reliable [15].

Table 1: Shows the Frequency, percentage, mean, and standard deviation of the Subject's demographic characteristics (n = 100)

Demographic characteristic		**Frequency (n)**	**(%)**	**M+SD**	**t/r//F**	**p**
Age	Range = 34.00; Minimum = 25.00; Maximum = 59.00			40.50 ± 10.15	F =0.754	0.81
23 - 33		47	31	3.82 ± 0.30		
33.1 - 43		40	25	3.78 ± 0.30		
43.1 – 59		66	43	3.79 ± 0.27		
Gender						0.06
Demographic characteristic		**Frequency (n)**	**(%)**	**M+SD**	**t/r//F**	**p**
Male		17	11	3.74 ± 0.37		
Female		136	89	3.80 ± 0.28		
Religion						0.85

Muslim	119	78	3.79 ± 0.28		
Hindu & Others	34	22	3.80 ± 0.30		
Marital status					0.84
Married	125	82	3.79 ± 0.29		
Unmarried	28	18	3.79 ± 0.29		
Educational status				F= 2.145	0.04
Diploma in Nursing	52	34	3.79 ± 0.29		
B.Sc. in Nursing	54	35	3.81 ± 0.28		
M. Sc. In Nursing or more	47	31	3.77 ± 0.29		
Monthly income				F =0.222	0.80
20.000 – 30,000	50	33	3.78 ± 0.30		
30,001 – 40,000	45	29	3.77 ± 0.28		
40,001 – 50,000 or more	58	38	3.81 ± 0.28		
Work experience				F =1.198	0.05
1 -10 yrs.	61	40	3.81 ± 0.31		
10.1 – 20 yrs.	41	27	3.78 ± 0.27		
20.1 – 30trs. Or more	51	33	3.77 ± 0.27		
Shift of work				F = 195	0.82
8am - 2pm	99	65	3.79 + 0.30		
2pm - 8pm	25	16	3.75 ± 0.30		
8pm - 8am	29	19	3.81 ± 0.22		
Work place setting				F =0.292	0.79
Medicine	80	52	3.77 ± 0.29		
Demographic characteristic	**Frequency (n)**	**(%)**	**M+SD**	**t/r//F**	**p**
Surgery	41	27	3.81 ± 0.32		
Others	32	21	3.82 ± 0.24		
Overall work place bullying score			3.79 ± 0.29		

Level of nurse's work place bullying and their dimension

Table 2: Mean, standard deviation, range, and level of nu work place bullying among the nurses (n = 153)

Dimension	Sl. No	Items	Percentage (%)	M (SD)
	1	Persistent attempts to belittle and undermine my work.	52	3.95; 0.84

Dimension 1: Threat to professional status M = 3.70 SD = 0.47	2	Persistent unjustified criticism and monitoring of my work.	53	3.62; 1.02
	3	Persistent attempts to humiliate me in front of colleagues.	72	3.78; 0.95
	4	Intimidatory use of discipline/competence procedures.	74	3.79; 1.04
Dimension 2: Threat to personal standing M = 3.82 SD = 0.40	5	Undermining my personal integrity.	60	3.74; 1.04
	6	Destructive innuendo and sarcasm to me.	75	4.06; 0.87
	7	Verbal and non-verbal threats to me.	55	3.64; 1.00
	8	Making inappropriate jokes about me.	70	3.78; 0.91
	9	Persistent teasing to me.	63	3.84; 1.03
	10	Physical violence to me.	71	3.99; 0.83
	11	Violence to property to me.	58	3.73; 1.07
Dimension 3: Isolation	12	Withholding necessary information from me.	68	3.91’ 0.87
Dimension	**Sl. No**	**Items**	**Percentage (%)**	**M (SD)**
M = 3. 82; SD =0.52	13	Freezing out/ignoring/excluding for me.	63	3.85; 0.97
	14	Unreasonable refusal of applications for leave, training or promotion for me.	56	375; 0.93
Dimension 4: Overwork M = 3.81; SD = 0. 73	15	Undue pressure to produce work for me.	58	3.70; 1.00
	16	Setting of impossible deadlines for me.	66	3.91; 0.97
Dimension 5:	17	Shifting goalposts without telling me.	55	3.63; 1.01
Destabilization	18	Constant undervaluing for me.	70	3.73; 0.99
	19	Persistent attempts to demoralize me.	66	3.88; 0.1.00

M = 3.78; SD = 0. 48	20	Removal of areas of responsibility without consultation to me.	65	3.88; 0.86
Overall work place bullying				3.79; 0.29

The findings of the Table 2 showed that nurses have high level of total Overall work place bulling score (*M* = 3.79; *SD* = 0.29). And nurses also reported that moderate level of work place bulling among the nurses of each dimension including Threat to professional status (*M* = 3.70; *SD* = 0.47), nurses' threat to personal standing (*M* = 3.82; *SD* = 0.40), and isolation (*M* = 3.82; *SD* = 0.52), over work (M = 3.81; SD = 0.73), and destabilization (M = 3.78; SD= 0.48).

Discussion of the study findings

The findings of table 1 showed that the age of most subjects (40.50 ± 10.15) was between 43.1 – 59 years (43%), Range = 34.00; Minimum = 25.00; Maximum = 59.00. The largest portion of the subjects were female (89%) and married (82%). It was found that more than subjects (78%) were Muslim. Most of them had B.Sc. in nursing degree (35%), majority of the subjects had 1 – 10 years of working experience in nursing (40%). Most of the subjects had monthly salary was higher that is over 40,001 Tk. (38%). Our participants reflect the reality of nursing in Bangladesh, where 87% of the nurses were female and the mean age was 36 years in a public hospital [16]. In our study female have more knowledge (3.80 ± 0.28) on work place bulling than male and Hindu & Others participants have more knowledge (3.80 ± 0.30). And those who were served 1 - 10 years' work experience (3.81 ± 0.31), they were more felt work place bullying and those have monthly income 40,001 – 50,000 or more, they felt (3.81 +0.28) more work place bullying. In previous study, [17] identified that novice nurses were suffered by work place bullying. Also, the study reported that nurses in different wards experience different levels of bullying behaviors. Several researchers [18] reported that women become more a target of bullying than men at work. However, others researcher [19] found and reported minor or no difference across gender. The findings described above indicated that there aren't significant differences in bullying mean scores according to age, marital status, work place setting, and time schedule of work. This finding is supported by the findings from different studies conducted [20].

Overall work place bullying (3.79 ± 0.29). In the study of Nepal conducted by [21] found that there was high level of bullying. **Dimension 1:** Threat to professional status (3.70 ±0.47), when I summarize threat to professional status: belittle and undermine their present work 52%, persistent unjustified criticism and monitoring their work 53%, persistent attempts to humiliate them in front of their colleagues 72%, and intimidatory use of discipline/competence procedures 72%. **Dimension 2:** Threat to personal standing (3.82 ± 0.40), when I describe Threat to personal standing: undermining their personal integrity (60%), destructive innuendo and sarcasm to them (75%), verbal and non-verbal threats to them (55%), making inappropriate jokes about them (70%), persistent teasing to them (63%), physical violence to them (71%), violence to property to them (58%). **Dimension 3:** Isolation (3. 82 ± 0.52). In

present study Isolation consists of withholding necessary information from them (68%), freezing out/ignoring/excluding for them (63%), unreasonable refusal of applications for leave, training or promotion for them (56%). Another bullying behavior identified was isolation, which students described as being excluded from procedures, nurses refusing to speak to students and refusing to teach or super vise students [22]. **Dimension 4:** Overwork (3.81 ± 0. 73). In present study overwork turn into undue pressure to produce work for them (58%), setting of impossible deadlines for them (66). Dimension 5: Destabilization (3.78 ± 0. 48). The composition of Destabilization including shifting goalposts without telling them (55%), constant undervaluing for them (70%), persistent attempts to demoralize them (66%), removal of areas of responsibility without consultation to them (65%). Previous data form international settings confirm increased rates of workplace bullying/ mobbing among nurses, supporting the need from data coming from different cultures [18]. However, data coming from other countries confirm the frequency of workplace bullying/ mobbing presented here in. For instance, data from Israel show that approximately one out of three ICU nurses who participated in a relevant study had been workplace bullying/mobbing victims [23], while a study in Jordanian emergency nurses showed that 90% of the participants reported relevant experiences [24]. Furthermore, a finding emerged from the present study was that the participants most frequently experienced verbal bullying, as well as interpersonal bullying via gossip and negative rumors and physical bullying through gestures. The participants reported assignment of irrelevant or increased number of tasks, as well as isolation through hiding important information less frequently. Indeed, international data show that the most frequent workplace bullying acts are (a) withhold of important information related to one's performance, (b) exposure to unbearable workload, and (c) being the target of rage/anger [25].

Some recounted being made to feel incompetent. Meanwhile, clinical placement is supposed to offer an opportunity for nursing students to build their confidence and develop their professional identity. This lack of confidence is likely to make students timid and affect their ability to take the initiative, think critically and ask questions that will enhance their job performance. It was suggested that nurses who have confidence in themselves tend to perform better at work [26]. Furthermore, a greater percentage of female physicians fear a potentially violent encounter at work compared to male physicians [27]. Lin and Liu's study reports that unmarried workers are significantly more likely to experience workplace violence compared to married employees [28]. In the European Union, these results suggest that there are specific sociodemographic features that may influence the phenomenon of workplace bullying. At the organizational level, this study emphasizes that the propensity for a healthcare worker to experience bullying escalates among those who work on a shift schedule, perform monotonous and rotating tasks, suffer from work stress, experience a lack of satisfaction due to their working conditions, and do not perceive any opportunity for promotion within their organization. Ultimately, a stressful social climate and precarious work atmosphere create a breeding ground for workplace bullying, as reflected in the results of the present empirical study.

2. Relationship between demographic characteristics and work place bullying among the nurses

The present study identified relationship between demographic characteristics and work place bulling experiences among the participants. Result of study revealed educational status and work experience in demographic variable

had significant, and positive relationship with work place bullying among the nurses ($F = 2.145$, $p < .04$; $F = 1.98$, $p < .05$). In addition, sex and overall work place bullying had poor relationship between work place bullying. ($p = 0.06$).

Individual characteristics of the nurse, including gender and experience, were associated with study variables. Similar to prior reports, men experienced less bullying than women [29].

In previous study [30], experienced registered nurse perceived higher levels of bullying than nurses with less than two years' experience, however overall experience as an RN did not have a significant association with bullying. The effect of RN experience on WPB was different from prior studies where experience made no difference to the context of the work environment [31] or studies that found RNs with less experience perceived greater levels of bullying.

Conclusions

Workplace flourishing is a new concept that represents an empowered professional nursing workforce achieving change and promoting high-levels of wellness and human potential. In this study revealed educational status and work experience in demographic variable had significant, and positive relationship with work place bullying among the nurses. In addition, gender and overall work place bullying had poor relationship. Workplace bullying is ubiquitous in most firms nowadays, especially with the existence of a diverse workforce in many organizations. Employees continue to be the cornerstone of every organization that wishes to prosper, therefore necessary to offer a pleasant working environment for them.

Limitations of the study

The study provided valuable information, but it has some limitations. The study conducted in small scale. It needs continue in large scale for the effectiveness of the study. The sample was only collected from only one government hospital. Therefore, the results cannot be generalized to all hospitals in Bangladesh. Lack of interest of participants, nurse refused to participate due to work load, shortage of staff and methodological strategies.

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Conflict of Interest

The authors declared that there was no potential conflict of interests with regard to writing and/or publication of this article.

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