

Influence of Perceived Bullying on Psychological Well-Being of Nurses

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Abstract: Background and objectives: Workplace bullying (WPB) is becoming an increasingly prevalent issue in the healthcare profession, and it has an apparent effect on the psychological well-being of nurses. We conducted a study to assess the perceived levels of bullying and psychological well-being among nurses, and to determine the influence of bullying on their psychological well-being.

Methodology: A non-probability (purposive) sample of 250 nurses from the Baqubah and AL-Batool teaching hospitals in Diyala city participated in this descriptive, correlational study. A self-reported questionnaire was used to collect the data. We used the Statistical Package for Social Sciences (SPSS), version 26.0, to analyze and interpret the data.

Result: The results indicate that nurses perceive a moderate level of bullying, as reported among 70.6% of them ($M \pm SD = 57.96 \pm 12.139$), and 17.2% of them perceive a high level of bullying. 89.4% of nurses reported having a moderate psychological well-being, with a mean score of 75.57.

Conclusion: This study reveals that nurses experience a significant amount of bullying in their work environment, ranging from moderate to high levels. Despite the prevalence of bullying, most nurses have a moderate level of psychological well-being.

Key points: bullying, nurses, psychological well-being.

Introduction: Workplace bullying (WPB) is a significant issue in the nursing profession. The World Health Organization (WHO) recognizes that there is a global rise in WPB, which poses a serious threat to the health and well-being of nurses. As a result, reducing occupational violence has become a priority for the WHO (Baumann et al., 2010). Nurse's psychological well-being is adversely affected by workplace bullying. Psychological distress and despair can result from the potent stressor that nurses experience, which in turn has detrimental impacts on their mental health (Efe & Ayaz, 2010). Psychological well-being encompasses an employee's mental state, including positive behavior at workplace and interpersonal interaction (Karam & Mohammed, 2022). Nurses' work environment has a significant impact on their physical and mental health. A carefully planned work environment not only promotes job satisfaction among nurses but also improves their overall well-being. (Kadhim & Qassem, 2023).

In recent years, numerous experts have conducted studies on the subject of bullying in relation to nursing. Research indicates that a significant number of nurses working in hospital settings experience bullying from their colleagues, clients, and managers. Studies conducted in the United

States and England reveal an increase in bullying behavior and aggression, encompassing verbal disputes, office equipment destruction, and physical conflicts (Heiskanen, 2007).

Bullying within medical environments can manifest in several ways, such as through verbal aggression, physical intimidation, and psychological manipulation. Extensive research indicates that bullying gives rise to a multitude of welfare and health problems in individuals. The most frequently reported results were worry, anger, discomfort, nervousness, sadness, thoughts of suicide, and the use of illegal and hazardous substances. (Kauppinen & Tuomola, 2008).

WPB results in heightened levels of work-related stress, or occupational stress (Houck & Colbert, 2017). Work-related stress, also known as occupational stress, refers to any external factor that causes physical and psychological strain that passes through an individual's capacity, resulting in stress (Issa & Mohammed, 2021). Stress is an emotional response that has a negative impact on people's social and mental well-being (Mohammed & Sajit, 2016).

Job-related stress in nursing refers to the emotional and physical reactions that arise when a nurse's ability to handle the demands of their profession is insufficient. (Abbas & Mohammed, 2018). Job stress is recognised as a significant psychological and social issue that has adverse effects on an individual's health and professional performance. (Issa & Mohammed, 2021). Nurses recognize occupational stress as a significant problem that negatively impacts healthcare services and contributes to the development of psychological issues and emotional discomfort among nurses. (Ahmed & Sajit, 2022).

The primary focus of workplace bullying has been on the negative consequences it inflicts on its targets. Nevertheless, bullying also has a ripple effect, as evidenced by numerous studies indicating that individuals who witness bullying experience heightened levels of stress and diminished job satisfaction in comparison to those who have not encountered such behavior (Hoel et al., 2020). Job satisfaction encompasses the anticipation and actuality of an employee's attitude towards their job or task (Abbas & Mohammed, 2022). Job satisfaction corresponds to an individual's attitude towards their job and the elements associated with their whole life. It also indicates the individual's capacity to approach work with joy or pleasure, free from negative emotions, and reflects their level of contentment with their employment (Hussein, 2022).

Exposure to bullying significantly increases the occurrence of psychological distress, including thoughts of suicide (Einarsen et al., 2003). Suicide is a serious issue that significantly contributes to both mortality and morbidity, affecting individuals globally (Ali & Hussein, 2022).

Bullying in workplace is considered a form of violence (Khairi, 2014). Workplace violence has become a global occurrence, particularly prevalent in the healthcare industry, and manifests in several forms, including verbal and physical assault (AbuAlRub et al., 2007). Workplace violence is a worldwide public concern that threatens the physical and mental well-being of healthcare professionals (Sabbar & Kassim, 2022).

Methodology: A descriptive and correlational study was used to assess perceived bullying among nursing staff working in general hospitals. A purposive sample of nurses was selected from Baqubah Teaching Hospital and Al-Batool Teaching Hospital. The instrument utilized two dimensions: firstly, it measured the sociodemographic characteristics of nurses, such as age, sex, marital status, nursing qualification, years of experience, work shift, and workplace; secondly, it focused on measuring psychological well-being. This study adopted and used a psychological well-being scale (Ryff et al., 2007). The scale consists of 18 items and evaluates six different aspects: the autonomy aspect includes items (15, 17, and 18); the environmental mastery aspect includes items (4, 8, and 9); the personal growth aspect includes items (11, 12, and 14); the positive relations with others aspect includes items (6, 13, and 16); the purpose in life aspect includes items (3, 7, and 10); and the self-acceptance aspect includes items (1, 2, and 5). Each item in the scale was divided into seven levels of Likert scale and rated from 1 to 7 as follows: strongly agree = 1, somewhat agree = 2, a little agree = 3, neither agree nor disagree = 4, a little disagree = 5, somewhat disagree = 6, and strongly disagree = 7; the score is reversed for the items 1, 2, 3, 8, 9, 11, 12, 13, 17, and 18. The

level of psychological wellbeing is estimated by calculating the range score for the total score, which is divided into three levels: low (18–54), moderate (55–90), and high (91–126). The level of sub-domains (aspects) was also calculated through a range score for the total score of each sub-domain and scored as follows: low = 3–9, moderate = 10–15, and high = 16–21. We estimate the level of psychological wellbeing for each item by calculating the cut-off points for the mean score, dividing it into three levels: low = 1–3, moderate = 4–5, and high = 6–7. The validity of the study instrument was measured based on expert agreement (the sum-up relevant rating provided by all experts for each item) and the I-CVI (Item-Level Content Validity Index). The I-CVI measures the number of agreed items among the experts, while the S-CVI/Ave Scale-Level Content Validity Index calculates the average. The S-CVI/Ave is calculated as the sum of the 1-CVI scores divided by the total number of items. In the current study, we determined the type of reliability known as internal consistency, which measures the consistency between different items of the instrument. The internal consistency between items was determined by using Cronbach's alpha coefficient, which was calculated through the application of the Statistical Package for Social Science Program (IBM SPSS) version 26.0. Data was collected through a self-report questionnaire form, and the data were analysed and interpreted through the use of the Statistical Package for Social Sciences (SPSS), version 26.0.

Ethical consideration: For the purpose of achieving ethical considerations in this study, that related to informed consent, confidentiality and privacy, minimization of harm, and professional integrity.

Results of the study:

Table (1): Distribution of Nurses According to their Socio-demographic Characteristics

List	Characteristics	f	%	
1	Age (year) M±SD= 29.3 ± 5	20 – less than 30	328	61.9
		30 – less than 40	177	33.4
		40 – less than 50	24	4.5
		50 and more	1	.2
		<i>Total</i>	<i>530</i>	<i>100</i>
2	Sex	Male	224	42.3
		Female	306	57.7
		<i>Total</i>	<i>530</i>	<i>100</i>
3	Marital status	Unmarried	212	40
		Married	305	57.5
		Divorced	13	2.5
		<i>Total</i>	<i>530</i>	<i>100</i>

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

The analysis in table 1-1 shows that the average age for nurses is 29.3±5 years, in which the highest percentage refers to age group of “20-less than 30 year” among 61.9% of them. The sex of nurses refers to females among 57.7% among nurses and 42.3% of them are male. The marital status refers that more than half of nurses are married (57.5%) and 40% of them are still unmarried.

Table (2): Significant Difference in Perceived Bullying among Nurses with regard to their Sex (N=530)

Bullying \ Sex		M	SD	t	Df	p≤ 0.05	Sig
Work-related bullying	Male	19.25	5.171	2.513	528	.012	S
	Female	18.25	3.972				
Person-related bullying	Male	31.75	7.298	.962	528	.337	N.S
	Female	31.16	6.702				
Physical intimidation	Male	8.14	2.474	2.216	528	.027	S
	Female	7.69	2.181				

bullying							
Overall	Male	59.14	13.211	1.913	528	.046	S
	Female	57.10	11.234				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

This table manifests that there is significant difference in perceived bullying with regard to male nurses at p-value= .046, particularly work-related bullying and physical intimidating bullying at p-values= .012 and .027.

Table (3): Significant Difference in Perceived Bullying among Nurses with regard to their Work Shift (N=530)

Bullying		Shift	M	SD	t	Df	p≤ 0.05	Sig
Work-related bullying	Day		17.75	4.063	-3.710	528	.001	H.S
	Night		19.24	4.727				
Person-related bullying	Day		29.74	6.517	-4.405	528	.001	H.S
	Night		32.43	7.033				
Physical intimidation bullying	Day		6.94	2.009	-7.743	528	.001	H.S
	Night		8.46	2.308				
Overall	Day		54.43	11.000	-5.394	528	.001	H.S
	Night		60.14	12.311				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

This table indicates that there is high significant difference in overall perceive bullying and domains among nurses with regard to nurses who are working during night shift at p-value= .001.

Table (4): Overall Assessment of Perceived Bullying among Nurses at Workplace

Perceived bullying	F	%	M	SD	Ass.
Low	51	9.6	57.96	12.139	Moderate
Moderate	379	70.6			
High	91	17.2			
Severe	14	2.6			
Total	350	100			

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment

Low= 22 – 44, Moderate= 45 – 66, High= 67 – 88, Severe= 89 – 110

This table indicates that nurses perceive moderate level of bullying as reported among 70.6% of them (M±SD= 57.96±12.139) and 17.2% of them perceive high level of bullying.

Table (5): Overall Assessment of Psychological Well-being among Nurses Child (N=530)

Psychological Wellbeing	F	%	M	SD	Ass.
Low	9	1.7	75.57	9.169	Moderate
Moderate	474	89.4			
High	47	8.9			
Total	530	100			

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment

Low= 18 – 54, Moderate= 55 – 90, High= 91 – 126

This table depicts that nurses having moderate psychological well-being as reported among 89.4% of nurses ($M \pm SD = 75.57 \pm 9.169$).

Discussion:

Bullying in the workplace has a significant impact on nurses as well as the effectiveness of the health care system (Mahmoud et al., 2020). The results indicate that the average age for nurses is 29.3 ± 5 years, of which the highest percentage refers to the age group of “20-less than 30 years” among 61.9% of them. The sex of nurses refers to females among 57.7% of nurses, and 42.3% of them are males. The marital status refers to the fact that more than half of nurses are married (57.5%), and 40% of them are still unmarried (see Table 1). This study indicated that male nurses are more exposed to bullying behavior ($p\text{-value} = 0.46$) in their workplace than female nurses (table 2). In other words, our study reveals a higher incidence of bullying among men. This finding is compatible with findings that provide supportive evidence for the current finding and have the same result as this study, in which male nurses are more likely to experience bullying behavior than female nurses (Homayuni et al., 2020). This study indicates that nurses on night shift perceive bullying, and there are significant differences regarding this point at $p\text{-value} = .001$ (see Table 3). A study provides supportive evidence for current findings that reveal nurses on the night shift have more bullying exposure than those on the day (Harb et al., 2021). We measured workplace bullying using a negative act questionnaire, where participants indicated their agreement or disagreement on a four-point scale. The results show that 70.6% of study participants perceive a moderate level of bullying, while 17.2% perceive a high level of bullying (see Table 4). The widespread prevalence of WPB is compatible with studies that provide supportive evidence for the current findings, which show 74% of study participants perceive a moderate level of bullying (Al Muala & Ali, 2016). In this study, nurses who experience bullying in their workplace have moderate psychological well-being; about 89.4% of nurses have moderate psychological well-being (see Table 5). Karatza et al. (2016) conducted a study that supported current findings, revealing higher levels of psychological distress among nurses who experienced bullying compared to those who did not.

Conclusion:

1. Nurses perceive moderate to high levels of bullying in their workplace, with a significant number reporting instances of work-related, person-related, and physical intimidating bullying.
2. Despite the prevalence of bullying, the majority of nurses exhibit moderate psychological well-being.
3. work shift plays a significant role in nurses perception of bullying.
4. Various demographic factors significantly influence the perception of bullying among nurses.

Recommendation:

1. Healthcare institutions should establish clear and comprehensive anti-bullying policies that explicitly define unacceptable behavior and provide mechanisms for reporting and addressing incidents of bullying. These policies should be communicated effectively to all staff members and consistently enforced.
2. Offer training programs and educational workshops for both nurses and other healthcare staff on recognizing, preventing, and addressing bullying in the workplace. Include modules on conflict resolution, communication skills, and fostering a respectful work environment.
3. Encourage supportive leadership practices that promote open communication, trust, and mutual respect among staff members. Leaders should actively address instances of bullying, and provide support to affected nurses.
4. Establish peer support networks or mentorship programs where experienced nurses can provide guidance and support to novice nurses, helping them navigate workplace challenges, including bullying incidents.

5. Implement regular monitoring and evaluation mechanisms to assess the effectiveness of anti-bullying initiatives and the overall workplace climate.
6. Encourage further research to better understand the underlying causes and consequences of workplace bullying among nurses. Continuously evaluate the effectiveness of interventions and adjust strategies as needed to create a safe and supportive work environment for all healthcare staff.
7. Ensure access to resources for psychological support, such as counseling services or employee assistance programs, to assist nurses who experience distress or mental health issues as a result of workplace bullying.

Limitation:

1. The sample of nurses may not be representative of the broader nursing population, leading to potential biases in the study's findings.
2. Data collected through self-report measures may be subject to bias, as participants may underreport or over report their experiences with bullying or its effects.
3. The study may fail to account for confounding variables, such as organizational culture or workload, which could influence the observed relationships.
4. Participants may provide responses that align with social norms or expectations rather than reflecting their true experiences or attitudes.

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