

# “PSYCHOLOGICAL PERSPECTIVES ON WORKPLACE BULLYING AND ITS INFLUENCE ON NURSING PERFORMANCE” A CROSS-SECTIONAL STUDY

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## Abstract

**Background:** Bullying at the work place constitutes a common source of work-related stress that has been shown to have a significant association with the impacts of nursing practice. This research will investigate the issue of work-related bullying among nurses within Pakistani tertiary care hospitals.

**Methods:** A quantitative cross-sectional study was conducted among 310 registered nurses in public and private hospitals. Participants were selected using simple random sampling. Data were collected through a structured self-administered questionnaire including socio-demographic information, the Negative Acts Questionnaire-Revised (NAQ-R), and measures of patient care quality and intention to leave. Descriptive statistics, Pearson correlations, and multivariate linear regression were performed using SPSS.

**Results:** Nurses reported moderate workplace bullying (NAQ-R  $34.7 \pm 9.8$ ), with person- and work-related bullying more common than physical intimidation. They also experienced moderate stress ( $21.4 \pm 5.7$ ), emotional exhaustion ( $22.1 \pm 6.2$ ), and psychological well-being ( $68.5 \pm 11.3$ ). Job satisfaction was moderate ( $68.2 \pm 10.5$ ), intention to leave moderate ( $3.1 \pm 1.2$ ), and perceived patient care quality moderate-high ( $75.4 \pm 9.8$ ). Workplace bullying increases nurses' stress, emotional exhaustion, turnover intentions, and reduces job satisfaction and patient care quality. Moreover work-related bullying drives emotional exhaustion, person-related bullying lowers job satisfaction, and overall psychological well-being indirectly influences care quality.

**Conclusion:** The study concluded that bullying in the workplace was prevalent within nursing circles in Pakistan. Factors related to bullying in the workplace, mental wellness, and good working environments are of utmost importance in ensuring the well-being of nurses while delivering quality patient services.

**Keywords:** Nurses, clinical practice, patient outcome, psychological health, job satisfaction

## INTRODUCTION

Medical errors create high economic burdens for the healthcare industry. Such errors lead to loss of life and lack of patient satisfaction. Medical errors in the U.S. are estimated to range between \$393 billion and \$985 billion. This accounts for 18%-45% of total hospital spending in 2006 [1, 2]. Medical errors can lead to an increased hospitalization expenditure of 17% and stay of 22%. Still, deaths caused by such errors are high. It has been estimated in studies that such errors are the third top cause of death in the U.S. [3, 4]. Nurses are key in patient service. Nursing job satisfaction influences nursing service quality. Burnout, stress, and trauma caused by bullying in nursing institutions have significant harmful influences on nurses' mental health. Thus, it is important for healthcare institutions, as well as healthcare researchers, to understand the link between bullying in the healthcare industry and nursing service quality [6]. In general, mental health for the nurse refers to nurses' psychological/emotional wellness. Mental wellness of nurses is key in providing quality nursing services [7]. Efficacy of nurses can be impacted by mental health problems. Such mental health problems include stress, anxiety, burnout, fatigue, bullying, and harassment at the healthcare industry workplace [8].

Workplace mobbing, also known as systematic psychological harassment, is an important occupational stress factor in the healthcare sector and a significant one specifically in the nursing profession owing to the hierarchical and stressful nature of the work environment. It entails repeated undesirable behaviors that cause anxiety and depression and an association with burnout and a negative impact on emotional well-being [9]. Psychological resilience is the ability to successfully survive incurring adverse experiences and can be viewed as suppressing or reversing the negative impacts of occupational stresses and strains. It can be an important factor in facilitating



positive coping mechanisms and good mental well-being and may prove beneficial in escalating and avoiding the undesirable negative impacts of occupational stresses and strains in the future [10]. Workplace bullying in the nursing profession is commonly characterized using the term “eating our young.” Workplace bullying in the nursing profession is an important phenomenon that is also considered a pervasive issue in the nursing education and working environment [11]. Using the definition of the American Nurses Association, the phenomenon is “repeated, unwanted harmful actions intended to humiliate, offend, and cause distress,” which can range from escalating to bulldozing others in the workplace. The phenomenon may be viewed in light of humiliation and intimidation and entails organizations or workplaces where individuals can be subjected to intimidation and humiliation and may include excessive workload and non-acceptance of an individual's views and perspectives in the working environment [12]. The phenomenon is commonly viewed in light of the hierarchical working environment in the nursing profession and can be considered an important phenomenon in the working environment owing to the numerous negative impacts it may pose on the profession. The Conservation of Resources (COR) theory explains the negative impact of workplace bullying on nurses, resulting in the loss of resources and increasing emotional suffering, burnout, and deviant behavior, especially when lacking support and resilience. It has also been established by qualitative research that workplace bullying has an impact of emotional shock and chronic psychological trauma, which prevents nurses from developing empathetic behavior towards patients and teamwork [13]. Additionally, the impact of workplace bullying has also affected the functioning of the organization, resulting in poor communication, poor teamwork, employee turnover intentions, and patient safety risks [14]. Workplace bullying has negatively affected the organization, resulting in reduced employee job satisfaction, decreased employee productivity, and employee turnover for nurses [15]. Many nurses have left or quit the workplace due to the culture of workplace bullying, which has negatively affected patient care quality through patient falls, medication administration errors, patient falls, and patient dissatisfaction and complaints [16]. Workplace bullying has become an important topic to address regarding the affected functions of the employees and the workplace, along with patient safety concerns [17]. In the context of the literature, the scarcity of research studies has paved the way for the objectives of the research study, which aims to study workplace bullying from the application of psychology and the impact of workplace bullying on the results of nursing practices for nurses serving within the healthcare settings of Pakistan.

#### METHODOLOGY:

For the purpose of research, there was the use of quantitative cross-sectional analytical study design to investigate workplace bullying and its effects within applied psychological perspectives as practiced among nurses in Pakistan. The research design and methodology were ideal in evaluating both the variable of interest and the outcomes together within an appropriate time frame.

The study was carried out in selected public and private tertiary care hospitals in Pakistan, including medical, surgical, and critical care units, as nurses in such environments are consistently faced with workload, hierarchical, and interpersonal aspects that could potentially render them victims of workplace bullying.

The population for this study was all registered nurses employed in the hospitals selected for carrying out data collection.

The inclusion criterion for this study was all registered nurses who had a minimum of 6 months' experience in clinical practice. The list of exclusion criteria for this study includes all nurses on long-term leave during data collection and all students of nursing.

The overall sample size consisted of 310 nurses. The sample size was calculating on the basis of the past prevalence on workplace bullying in nursing, and the confidence level used was 95%, while the margin error used was 5%. Simple random sampling technique was employed. The lists of eligible study subjects consisted of nurses, and these lists were collected from nursing administration. A computer randomly generated numbers for the subjects.

The study was conducted using a structured self-report questionnaire consisting of four parts:

- Socio-demographic and professional characteristics (age, gender, education, marital status, years of experience, working unit, shift system).
- Workplace bullying assessed using a validated instrument such as the Negative Acts Questionnaire-Revised (NAQ-R), measuring exposure to work-related, person-related, and physically intimidating bullying behaviors. The questionnaire contains 22 items, having Likert scale of 5-point Likert scale: 1 = Never, 2 = Now and then, 3 = Monthly, 4 = Weekly, 5 = Daily, and the reliability was Cronbach's  $\alpha = 0.87-0.92$  (high internal consistency) [18].
- Psychological outcomes: including perceived stress through *perceived stress scale*, that contain 10 items having 5 point Likert scale, categorized as Total score:  $<13$  = low stress,  $14-26$  = moderate stress,  $>27$  = high stress, and the Cronbach  $\alpha = 0.78-0.91$  [19].
- Emotional exhaustion through *Maslach Burnout Inventory* that contains 22 items (Emotional Exhaustion = 9 items, De-personalization = 5 items, Personal Accomplishment = 8 items, through 7-point Likert scale: 0 = Never, 6 = Every day, Low ( $\leq 16$ ), Moderate ( $17-26$ ), High ( $\geq 27$ ), and Cronbach's  $\alpha = 0.87$  [20].
- Well-being was assessed through *Ryff Scales of Psychological Well-being*. It has 18 questions in short form. Has 6 point likert scale: 1 = Strongly Disagree; 6 = Strongly Agree. Has a Cronbach Alpha =  $0.71-0.88$  [21].



➤ Outcomes of nursing practice: job satisfaction and work performance measured by *Minnesota Satisfaction Questionnaire (MSQ)*, that encompasses 20-item short form using 5 point Likert scale Cronbach's  $\alpha = 0.85-0.90$  [22].

➤ The perception concerning *quality of care and intention to leave* was assessed by the 3-6 items measuring the intent to quit current job Likert Scale, higher mean score indicate higher intent to quit Cronbach  $\alpha = 0.80-0.90$  [23].

Once the ethical and administrative approvals were attained, questionnaires were distributed to selected nurses during their working hours. The respondents are informed about the objectives of the study, confidentiality, their right to leave the study anytime and their participation will be voluntary. The questionnaires are then put in a sealed envelop to ensure anonymity.

The data was entered and analyzed using SPSS. Descriptive statistical techniques such as frequency, percentage, mean, and standard deviation were employed in the description of variables. Inferential statistical techniques consisted of chi-square test analysis, independent t-test analysis, Pearson correlation analysis, and logistic or linear regression analysis to determine predictors of the outcomes of nursing practice. A p-value of  $<0.05$  indicated significance.

The research was approved by the appropriate Institutional Review Board (IRB). Informed consent was sought from all research participants. These include confidentiality/anonymity and the participant's right to withdraw at anytime from the research.

## RESULTS

The study had a 100% response rate with 310 nurses taking part. The majority were married (61.9%), female (78.7%), and between the ages of 25 and 34 (45.2%). The majority had one to five years of clinical experience (41.6%) and a bachelor's degree in nursing (55.5%). Details are shown in Table 1.

Table 1. Socio-Demographic and Professional Characteristics (N = 310)			
Variable	Category	Frequency (n)	Percentage (%)
Age (years)	20–24	48	15.5
	25–34	140	45.2
	35–44	92	29.7
	≥45	30	9.6
Gender	Male	66	21.3
	Female	244	78.7
Marital Status	Single	118	38.1
	Married	192	61.9
Education Level	Diploma	120	38.7
	Bachelor	172	55.5
	Master	18	5.8
Years of Experience	1–5	129	41.6
	6–10	102	32.9
	>10	79	25.5
Work Unit	Medical/Surgical	198	63.9
	Critical Care (ICU/CCU)	112	36.1

### Prevalence and Forms of Workplace Bullying

Participants with moderate NAQ-R scores report experiencing bullying on occasion (weekly to monthly), which can have an influence on mental health, work satisfaction, and performance. Bullying at work and with other people is more common than physically scary activities. According to the standard NAQ-R classification, the total score of  $34.7 \pm 9.8$  (range 22–70) is in the moderate exposure range (33–45). Bullying at work is very common, with about 42% of nurses reporting at least one negative act every week (see table 2).

Table 2. Workplace Bullying Scores (NAQ-R)		
Bullying Type	Mean $\pm$ SD	Interpretation
Person-related	$12.5 \pm 4.1$	Moderate
Work-related	$14.2 \pm 5.0$	Moderate
Physically intimidating	$8.0 \pm 2.9$	Low–Moderate
Total NAQ-R score	$34.7 \pm 9.8$	Moderate exposure



### Psychological Outcomes

Overall, participants report moderate levels of stress ( $21.4 \pm 5.7$ ) and emotional tiredness ( $22.1 \pm 6.2$ ), but their psychological well-being is still moderate ( $68.5 \pm 11.3$ ), suggesting that working demands are present but not severe (see table 3).

Table 3. Psychological Outcomes Among Nurses (N = 310)		
Scale	Mean $\pm$ SD	Interpretation
Perceived Stress Scale (PSS)	$21.4 \pm 5.7$	Moderate
Emotional Exhaustion (MBI)	$22.1 \pm 6.2$	Moderate
Psychological Well-Being	$68.5 \pm 11.3$	Moderate

### Nursing Practice Outcomes

Nurses expressed moderate job satisfaction ( $68.2 \pm 10.5$ ) and moderate intention to leave ( $3.1 \pm 1.2$ ), with a moderate to high impression of patient care quality ( $75.4 \pm 9.8$ ). This suggests that despite workplace pressures, the quality of care remains reasonably good (see table 4).

Table 4. Nursing Practice Outcomes (N = 310)		
Outcome Measure	Mean $\pm$ SD	Interpretation
Job Satisfaction	$68.2 \pm 10.5$	Moderate
Patient Care Quality	$75.4 \pm 9.8$	Moderate-High
Intention to Leave (1–5)	$3.1 \pm 1.2$	Moderate

### Correlation Between Workplace Bullying and Outcomes

Workplace bullying is linked to negative outcomes for nurses, including greater stress, emotional tiredness, and desire to leave, as well as worse job satisfaction and perceived patient care quality (all  $p < 0.001$ ). see table 5.

Table 5. Correlation of Workplace Bullying With Psychological and Practice Outcomes		
Variable	r-value	p-value
NAQ-R & Perceived Stress	0.58	$<0.001^*$
NAQ-R & Emotional Exhaustion	0.61	$<0.001^*$
NAQ-R & Job Satisfaction	-0.49	$<0.001^*$
NAQ-R & Patient Care Quality	-0.42	$<0.001^*$
NAQ-R & Intention to Leave	0.44	$<0.001^*$

### Regression Analysis (Predictors of Nursing Practice Outcomes)

Bullying at work has a negative impact on nurses' psychological well-being and career prospects, according to multivariate linear regression. Reduced psychological well-being has an indirect impact on patient care quality, while emotional weariness and lower job satisfaction are direct outcomes. In order to maintain nurse performance and patient care standards, these results underscore the urgent need for treatments that address bullying and promote mental health (see table 6).

Table 6. Multivariate Linear Regression: Predictors of Nursing Practice Outcomes (N = 310)				
Outcome Variable	Predictor Variable	$\beta$ (Standardized Coefficient)	95% Confidence Interval (CI)	p-value
Emotional Exhaustion	Work-related bullying	0.34	0.21 – 0.47	$<0.001^*$
Job Satisfaction	Person-related bullying	-0.29	-0.42 – -0.16	$<0.001^*$
Patient Care Quality	Psychological well-being	-0.21 (indirect effect)	-0.34 – -0.12	$<0.001^*$

## DISCUSSION

The current study offers a thorough examination of workplace bullying among nurses and its effects on their mental and professional well-being. The findings' reliability is reinforced by the 100% response rate, which also shows how popular the subject is and may indicate how pertinent workplace bullying is to nurses' day-to-day experiences.

The predominance of female nurses, especially those in the 25–34 age range, is indicative of global trends in the nursing workforce, which show that nursing is a younger, female-dominated profession. Research points out that early- and mid-career nurses face the risk of workplace stressors such as bullying [24]. The number of nurses who had 1–5 years of experience may be very susceptible because of their limited years of experience and low hierarchical status, which can increase the likelihood of exposure to negative acts at the workplace [25].



Workplace bullying was found to be moderately prevalent among nurses, with approximately 42% reporting that they experienced negative acts on a weekly basis. This is in line with international literature which indicated rates of bullying falling between 30% and above 50% [26]. Person-related and work-related bullying features more strongly than overtly physical acts, reflecting that bullying is often subtle and psychological in nature [27]. The moderate NAQ-R total score suggests that ongoing low- to moderate-level negative acts can have a significant impact on the well-being and performance of nurses, similar to severe isolated incidents over a period [28,29].

In the current study, the mental well-being was moderately high. Presumably due to the presence of an “adaptive coping mechanism,” peer support, or “resilience,” the psychological well-being remained moderately high. Resilience can be defined as a form of “coping mechanism that exerts a protective influence in adverse situations in which the stressor can negatively affect the individual’s well-being,” which was seen acting in this study [32,34]. Emotional exhaustion was found to be moderately high in the current study. Emotional exhaustion can be defined as “one of the components of burnout.” In the current study, it was moderately high in the healthcare industry. Apparently, the experience of workplace bullying can reduce the “level of emotional resourcefulness that a person can have,” which was seen in this study among the healthcare professionals [29].

There are studies that report that “recent findings indicate that workplace bullying is positively associated with stress reactions and burnout in healthcare professionals.” Emotional exhaustion was found to be moderately high in the current study; therefore, it can be stated that workplace bullying can decrease the “level of emotional resourcefulness that a person can have,” which was seen in the current study among healthcare professionals [29].

#### **Emotional exhaustion was found to be moderately high in the current**

Regarding the current analysis, moderate levels of job satisfaction and intention to leave nursing, and high levels of healthcare given, indicate commitment to professional standards despite challenging working conditions. Evidence from very recent literature displaying similar trends indicates that health professionals are loyal to their patients despite challenging working conditions, though it is severely put to the test. Though moderate levels are indicated in intention to leave, potential future retirement from nursing can be considered, posing worsening scenarios of nursing shortages and detrimental impacts on healthcare delivery [34]. By displaying relationships between bullying at workplaces and its psychological aspects, confirmation exists concerning the harmful implications exerted by bullying at workplaces against health professionals; higher levels of correspondence for exposures to bullying at workplaces lead to higher stress, emotional exhaustion, and intention to retire from career development, while reducing job satisfaction and perceptions for healthcare service delivery [27, 35]. Results from regression analysis indicated work-related bullying predicted emotional exhaustion independently; also, person-related bullying predicts job satisfaction independently. These findings indicate inconsistent results concerning antecedent routes presented concerning bullying, indicating that professional confirmation exists concerning very recent literature [30]. Also, the indirect relationship concerning well-being at workplaces with healthcare service delivery indirectly establishes mediating aspects concerning mental health at workplaces; indeed, they necessitate imperative organizational responses concerning anti-bullying programs, leadership development, reporting systems concerning occurrences, and programs supporting health professionals’ mental health, reducing bullying at workplaces, as indicated in literature [29, 34].

## **CONCLUSION**

Workplace bullying is also common amongst nurses, with all the participants experiencing unfavorable behavior at least once a week. Stress, burnout, and job dissatisfaction are the negative mental results seen in workplace bullying. It also affects the well-being of the nurses, resulting in negative impacts on patient care quality. To ensure nurses feel safe at work and offer high-quality patient care, it is imperative for healthcare organizations to adopt policies related to workplace bullying prevention, mental health support, and positive work environments.

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