

Article

Workplace bullying among nurses in Bangladeshi government hospitals

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Abstract: Bullying in the nurses' workplace is a common, rising and worldwide problem. Workplace bullying is a persistent phenomenon that transmits harmful effects on health care organizations and the health system as a whole, including patients' satisfaction. The workplace bullying impacts negatively on the performance of workers. A descriptive study was conducted among the 183 government register nurses in 8 government health care facilities at Chattogram in Bangladesh from July to August 2014. Most of the respondents were female (90.7%) and more than half of the respondents (52.5%) were between 30 and 39 years old. The study revealed that there are three type of bullying faced by the nurses. They are work related, person related and physically intimidating bullying. They faced several bullying related to their works. Of these, most of them (92.8%) faced 'ignoring their opinions and views'. Respectively, in person related bullying, 93.4% were being ignored or facing a hostile reaction when they approach regarding their works; and in physically intimidating bullying, 95.0% were being shouted at or being the target of spontaneous anger or rage. In Bangladesh Nurses faced many challenges in healthcare system due to unavailable resources, more complex patients, increased nursing shortage, increased job insecurity, job stress, and increased recruitment costs for healthcare institutions. The study concluded that an in-depth study would be conducted to find out the root causes for the workplace bullying and also design a training program that addresses the root causes, involves all individuals from all levels, and provides skills for dealing with this phenomenon can promote a harmonious working environment.

Key Words: workplace bullying, nurse, Bangladesh

1. Introduction

Bullying in the nurses' workplace is a common, rising and worldwide problem (Einarsen, 1999; Einarsen *et al.*, 2009; Johnson and Rea, 2009). Workplace bullying is a persistent phenomenon that transmits harmful effects on health care organizations and the health system as a whole, including patients' satisfaction (Leung *et al.*, 2007). It decreases level of job satisfaction of nurses which impact on physical, mental, familial and also societal (Chipps *et al.*, 2013). Workplace bullying is undesirable in nursing professionals. However it is occurred more frequently in the workplace and unreported to organization authority. The consequences of workplace bullying on patients, nurses, and the nursing profession is important; because of it, nurses who are being bullied have higher levels of stress (Leung *et al.*, 2007), depression (Stelmaschuk, 2010), and anxiety (Lee, 2013) (Mehta *et al.*, 2009). Bullied nurses often plan on leaving their position or perhaps the profession (Hutchinson, 2007). Workplace bullying is an constant demonstrate of interpersonal aggressive mistreatment from peers, subordinates, superior, patients', patient attendance and other health care workers' in the workplace; and it is a serious threat to nurses' health and wellbeing, and has identified the need to eliminate workplace violence as a high priority (Hutchinson *et al.*, 2006). Like other countries, in Bangladesh, workplace bullying is major barrier to job satisfactions of nurses. Bullying is renowned as relating a range of behaviors' that may grind down the social framework of workplaces, and result grave cost both for organizations and their employees, and it is a

considerable issue confronting the nursing profession. Qualities of healthcare services are depend on quality of healthcare professionals. Job satisfactions among healthcare professionals are more important variables to determinants of quality of health care (Edwards and O'Connell, 2007). Bullying in workplace of nurses is related to the job satisfactions that affect on patient caring (Hamid *et al.*, 2014). 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; this type of workforce demographic has specific issues related to its functions and interactions. Gender and socialization can give some indication of the type of bullying that occurs. Unfortunately, the reality is that nurses' working environments are often burdened with workplace violence or bullying that tends to go unreported in Bangladesh. This study determined the extent of workplace bullying in Bangladesh Government Hospitals.

2. Methods and Materials

2.1. Study design, setting, period and sampling

A descriptive study was conducted among the government register nurses in government health care facilities from July to August 2014 at Chattogram in Bangladesh (Figure 1). There were 21 government health care facilities in Chattogram, including 1 medical college hospital (teaching hospital), one district hospital, one specialized hospital, 14 upazilla Health Complex (UHC) and 5 other secondary level health care facilities. Out of these, 8 facilities were selected purposively and 183 respondents were also selected purposively from the facilities (Table 1).

2.2. Data collection

A structured self-administered questionnaire was used to collect data from the respondents. All the available nurses attending in hospital at the day of data collection, who were willing to attend, filled up the structure questionnaire at their sitting rooms after completing their duty hours or in less work-loaded period.

2.3. Data analysis

Data were entered in the Statistical Package for the Social Sciences (SPSS) version-21 and analyzed following descriptive statistical method.

2.4. Ethical consideration

The study was reviewed by the ethical review board of Bangladesh medical Research Council (BMRC). The study was also approved by the academic research committee of the National Institute of Preventive and Social Medicine (NIPSOM). Prior conducting interview every respondent was informed consent and voluntarily written consent to participate in the study.

3. Results

3.1. Socio-demographic description of the respondents

Most of the respondents were female (90.7%) and more than half of the respondents (52.5%) were between 30 and 39 years old (Table 2). Almost all of them (98.9%) were married. Among the respondents, the highest education level was M.Sc in Nursing/Master of Public Health (MPH) but their number was less (7.1%). However, most of the respondents; education level was Diploma in Nursing and Midwifery (72.1%). About half of the respondents' (44.8%) job contract was temporary (Table 3). Few were joined recently and few will retire. However, most of the respondents' (62.3%) working experience was between 11 and 20 years.

3.2. Pattern of workplace bullying

The study revealed three type of workplace bullying patterns among the nurses- work related, person related and physically intimidating bullying.

3.2.1. Work related bullying

This study found seven categories of bullying related to their work. Most of them (92.8%) faced 'ignoring their opinions and views' related to their works (Table 4). The nurses (73.2%) could not establishing their right such as sick leave, holiday entitlement, travel expenses and their works (of 68.9%) had been monitored excessively. Though it was less, only 2.7% of the nurses had been exposed to an unmanageable workload and 3.8% of them had been given tasks with unreasonable or impossible targets or deadlines. About half of the nurses (41.5%) had been withheld information by someone that affected their performance and 35.5% of them being ordered to do work below your level of competence.

3.2.2. Person related bullying

This study found twelve categories of bullying related to person. Most of them (93.4%) were being ignored or facing a hostile reaction when they approach (Table 5). The nurses (92.9.2%) were being repeated reminders of their errors or mistakes and 90.2% of them were being ignored, excluded or being 'sent to Coventry'. Though it was less, 2.2% of the nurses had been hinted or signaled from others that they should quit their job. The nurses faced teasing and sarcasm, allegations and criticism on their works, humiliated or ridiculed in connection with their work and so no. The 86.9% of the nurses were being humiliated or ridiculed in connection with their work; 75.4% of nurses were being the subject of excessive teasing and sarcasm and 71.6% were being spread of gossip and rumour about them. Besides, 42.6% of the nurses were having insulting or offensive remarks made their attitudes or as a person; 39.4% were being had key areas of responsibility removed or replaced with more trivial or unpleasant tasks; 25.7% were having allegations made against them; 25.1% were persistent criticism of their work and effort; and 14.2% were practical jokes carried out by people they did not get on with.

3.2.3. Physically intimidating bullying

This study found three categories of bullying related to physically intimidating. Most of them (95.0%) were being shouted at or being the target of spontaneous anger or rage and 19.7% faced intimidating behaviour such as finger-pointing, invasion of personal space, showing, blocking/barring the way (Table 6). The nurses (73.2%) could not establishing their right such as sick leave, holiday entitlement, travel expenses and their works (of 68.9%) had been monitored excessively. Though it was less, 3.3% of the nurses faced threats of violence or physical abuse or actual abuse.

Table 1. Study respondent list by facilities.

S/L No.	Hospital / Level Name	Number of Respondent	Level
1	Chittagong Medical College Hospital (CMCH)	83	Tertiary
2	250 Bedded General Hospital, Chittagong (CGH)	49	Secondary
3	Fouzdarhat T.B Hospital, Fouzderhat, Chittagong	21	Specialized
4	Upazilla Health Complex- Anwara	06	Primary
5	Upazilla Health Complex- Boalkhali	06	Primary
6	Upazilla Health Complex- Hathazari	06	Primary
7	Upazilla Health Complex- Patiya	06	Primary
8	Upazilla Health Complex- Sitakunda	06	Primary
Total		183	

Table 2. Socio-demographic description of the respondents.

Variables	Number (N=183)	Percentages
Sex		
Male	17	9.3
Female	166	90.7
Age		
20-29 years	6	3.3
30-39 years	96	52.5
40-49 years	64	35.0
50-59 years	17	9.3
Marital Status		
Unmarried	1	0.5
Married	181	98.9
Separated	1	0.5
Education Level		
Diploma in Nursing and Midwifery	132	72.1
Diploma in Nursing and Orthopaedic	10	5.5
B.Sc in Nursing-GN/PHN	28	15.3
M.Sc in Nursing/MPH	13	7.1

Table 3. Characteristics of respondents' occupation.

Characteristics	Number (N=183)	Percentages
Mode of Occupation		
Temporary	82	44.8
Permanent	101	55.2
Years of Experience in nursing as a Nurse		
1 – 10 years	18	9.8
11-20 years	114	62.3
21-30 years	46	25.1
31 years and above	5	2.7
Current Nursing Designation		
Staff Nurse	25	13.7
Senior staff Nurse	154	84.2
Ward in Charge	1	.5
Nursing Supervisor	3	1.6

Table 4. Work related bullying patterns.

Work related bullying patterns	N=183	Percentages
Someone withholding information which affects your performance	76	41.5
Having your opinions and views ignored	170	92.8
Being given tasks with unreasonable or impossible targets or deadlines	7	3.8
Excessive monitoring of your work	126	68.9
Pressure not to claim something which by right they are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	134	73.2
Being exposed to an unmanageable workload	5	2.7
Being ordered to do work below your level of competence	65	35.5

Table 5. Person related bullying patterns.

Person related bullying patterns	N=183	Percentages
Being humiliated or ridiculed in connection with your work	159	86.9
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	72	39.4
Spreading of gossip and rumours about you	131	71.6
Being ignored, excluded or being 'sent to Coventry'	165	90.2
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	78	42.6
Hints or signals from others that you should quit your job	4	2.2
Repeated reminders of your errors or mistakes	170	92.9
Being ignored or facing a hostile reaction when you approach	171	93.4
Persistent criticism of your work and effort	46	25.1
Practical jokes carried out by people you don't get on with	26	14.2
Having allegations made against you	47	25.7
Being the subject of excessive teasing and sarcasm	138	75.4

Table 6. Physically intimidating bullying patterns.

Physically intimidating bullying patterns	N=183	Percentages
Being shouted at or being the target of spontaneous anger (or rage)	174	95.0
Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	36	19.7
Threats of violence or physical abuse or actual abuse	6	3.3

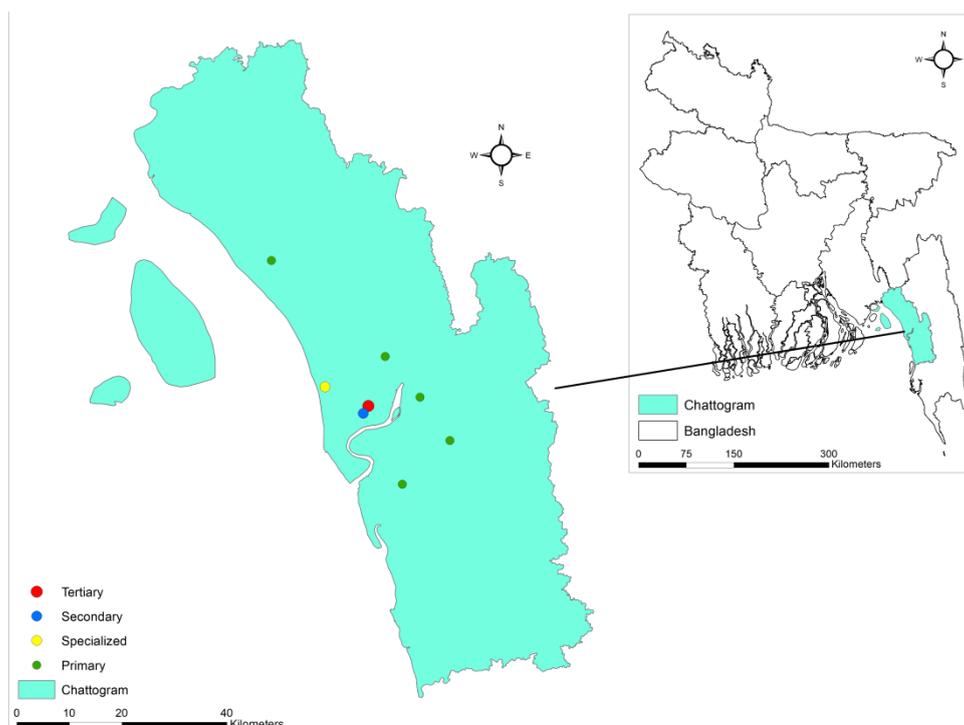


Figure 1. Chattogram District Map (including Study Hospitals).

4. Discussion

The sample used in this study included nurses working in an inpatient, nursing unit setting. By including all personnel who work on a nursing unit and bullying behaviour was examined from the perspective of multiple professions in healthcare. The workplace bullying impacts on the performance of workers (Yahaya *et al.*, 2012). The study also found that the person related bullying was predicted as a strong contributor toward work performance and it was found similarity of Yahaya's study (2012). Workplace bullying is related to the repeated of humiliation, intimidation and sabotage of performance and it uses their authority to undermine, frighten, or intimidate another person, often leaving the victim feeling fearful, powerless, incompetent and ashamed (Kohut, 2007). Workplace bullying is a basically a hostile act that usually involve psychological violence but sometimes minor physical assault. It is important to note that bullying may have extremely serious and possibly life-threatening (Falconer and Bagshaw, 2004). Person related bullying is related to publicly humiliation, ignoring, insulting, and spreading rumours or gossips, intruding on privacy, yelling and so on. It affects negatively workers' health, potentially leading to psycho-physical symptoms, alterations of mood and personality, psychiatric disorders such as anxiety-depression disorder, chronic adjustment disorder and posttraumatic stress disorder (Beswick *et al.*, 2006). Person workplace bullying can affect the ability of an individual to perform well and the organization as well. It is harmful to both individual and the organization (Miles and Mangold, 2002). It is noted that some type of work conditions act as satisfier while others may act as dissatisfies if they are not meet in an appropriate manner (Herzberg, 1965).

In Bangladesh Nurses faced many challenges in healthcare system due to unavailable resources, more complex patients, increased nursing shortage, increased job insecurity, job stress, and increased recruitment costs for healthcare institutions. Bangladesh is no exception in this regard and it is one of the countries with 'severe shortages' of health workers (WHO, 2006) and also in South Asian countries especially the nurses (Hamid *et al.*, 2014).

5. Limitation of the study

Despite optimum endeavor and careful measures in every steps of the study, still some limitations existed. As the study was conducted with no-probability small sample it might not reflect the actual workplace bullying. Moreover, the data were collected using self administered questionnaire there was less scope to clarify the question individually. Therefore, some inconsistencies in the data were observed.

6. Conclusions

Workplace bullying is a deleterious problem leading physical, emotional, and psychological damages to employees in resource-poor setting like Bangladesh. The study concluded that an in-depth study would be conducted to find out the root causes for the workplace bullying and also design a training program that addresses the root causes, involves all individuals from all levels, and provides skills for dealing with this phenomenon can promote a harmonious working environment. Thus it would be developed a quality environment for the employees to produce a good work performance.

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Conflict of interest

None to declare.

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