

WORKPLACE BULLYING AND MENTAL HEALTH OF CLINICAL NURSES IN A FEDERAL MEDICAL HOSPITAL IN SOUTHWEST, NIGERIA

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Abstract

Healthcare professionals', especially nurses, are prone to workplace bullying than professionals in other service sectors and this has implication on their mental health. This study explores the level of workplace bullying, mental health of nurses in a Federal Medical Center in South West Nigeria. Cross-sectional descriptive approach was used for this study. A balloting sampling technique was used to select 186 nurses in Federal Medical Centre, Owo. Two standardized instruments were used: General Health Questionnaire (GHQ-12) and 22-items Negative Acts Questionnaire (NAQ-R). The study employs the Statistical Package for the Social Sciences (SPSS), both descriptive and inferential statistics were carried out. The result of this study shows that majority of respondents are exposed to workplace bullying and experienced poor mental health. Further findings observe that majority of respondents experience person related bullying in the sub sections of their workplace. The study reports that religion is the only statistically significant factor relative to the workplace bullying. Findings also reveals that age of nurses and their wards are also statistically associated with the mental health status and lastly only work-related subsection of workplace bullying is strongly related to mental health ($p=0.005$). In conclusion, further studies should be conducted on the causes, perpetrators of workplace bullying among nurses and reasons for poor mental health status.

Keywords: workplace bullying, nurses, mental health, hospital.

Introduction

Workplace bullying is a major problem in healthcare institution globally (Hsieh et al., 2019; Stagg & Sheridan, 2010). Healthcare professionals', especially nurses and doctors, have 16-fold higher risks of experiencing workplace bullying than professionals in other service sectors (Giorgi et al., 2016; Kingma, 2001). The risk of nurses is two to three times higher than any other workers in health sectors (Giorgi et al., 2016; Hsieh et al., 2019) with a prevalence of 30- 68 percent (Bardakci & Gunusen, 2014; Chatzioannidis et al., 2018a; Serafin & Czarkowska-, 2019).

Workplace bullying is characterized by repeatedly and periodically attacking, harassing or teasing with intention to cause distress on individual or co-workers most especially when such person finding it difficult to defend him/herself (Gardner et al., 2013; Khalique et al., 2018). It is also referred to as abuse or imbalance of power between the perpetrator and the victim (Chatzioannidis et al., 2018b; Deklava et al., 2015; Makarem et al., 2018; Yu et al., 2019). Other features of workplace bullying are spreading rumours, gossiping, verbal aggression, hoarding of resources needed for optimal work performance, altering the shifting hours by elongating the working hours or days, criticizing and intruding into individual private's life with unwanted comment and social isolation (Gardner, Catley and Driscoll, 2013).

Factors associated with bullying include: sex, age, seniority, number of working hours, inexperienced, and position. Others are having first and second degrees.

Supervisors or Senior Females Colleagues of age range between 45 to 65 years old (Chatzioannidis et al., 2018a; Serafin & Czarkowska-, 2019). Organizational cultures also influence the workplace bullying and nurses in a hierarchy-oriented culture are 2.58 times at risks than those in relation-oriented culture (An & Kang, 2016). It has been revealed that the effects of workplace bullying among nurses are enormous including low self-efficacy, anxiety, fatigue, depression, mental health distress, low self-esteem, post-traumatic stress syndrome, and intention to leave (Gardner et al., 2013; Hsieh et al., 2019).

Studies have shown that being a victim and witnessing bullying leads to psychological distress among nurses (Bardakci & Gunusen, 2014; Chatzioannidis et al., 2018a). In Eastern part of Nigeria, workplace bullying among nurses and its impact on job performance has been recorded (Nwaneri & Onoka, 2016). However, studies on the level of mental health and workplace bullying among nurses in Southwestern area is scanty. This study therefore determines the level of workplace bullying, mental health of nurses in a Federal Medical Center in South West Nigeria.

Objectives of the study

The objectives of the study are to assess:

1. The level of workplace bullying experienced by nurses and their mental health status
2. The influence of sociodemographic variables of nurses on the level workplace bullying

3. The influence of sociodemographic variables of nurses on the mental health status
4. The relationship among workplace bullying, subsection of workplace bullying and mental health

Methodology

Cross-sectional descriptive research design was adopted for this study. Study participants were nurses currently employed in the Federal Medical Centre, Owo, Ondo State, Nigeria and who are involved in patient care. The hospital has 292 beds with 350 clinical nurses working in different wards of the hospital. Sample size of 186 nurses determined from the total population of 350 nurses using Taro Yamane formula and respondents were selected through balloting sampling technique. The instruments for data collection was a 22-items Questionnaire adapted from NAQ-R validated by Einarsen and colleagues (Einarsen et al., 2009). The reliability coefficient was 0.93. The questionnaires were distributed to the nurses after seeking their consent and the purpose of the study explained to them. The questionnaires were collected on completion from the nurses and confidentiality of the questionnaires was ensured. Data was analyzed through descriptive statistics was result presented in tables and charts while chi-

square was used for inferential statistics at a significant level of $p = 0.05$ Permission and ethical approval was given by the Hospital Research and ethics committee. All the questionnaires were answered anonymously. The confidentiality of the information provided was ensured.

Results

Table 1 reveals the socio-demographic variables of the respondents. Most of the respondents are females (73.7%), while 26.3% are males. Also, 8.6% of the respondents are within the age of 20-29 years, 52.7% are within the age of 30-39, 33.3% are within the age of 40-49 while 5.4% are within the age of 50-59. Furthermore, 16.7% of the respondents are from adult emergency ward, 12.4% are from medical ward, 9.1% are from surgical ward, 11.3% are from children emergency, 9.7% are from orthopaedic ward, 4.3% are from burns unit, 5.9% are from renal unit, 5.4% are from paediatrics unit, 5.9% are from neonatal unit, 14.5% are from obstetrics ward while 4.8% are from special clinics. Therefore, this study shows that majority (73.7%) of the respondents are females and their highest age range is between 30-39 years. The highest respondents are from adult emergency.

Table 1: Sociodemographic variables of the respondents

Variables		N	%
Gender	Male	49	26.3
	Female	137	73.7
	Total	186	100
Age(years)	20 – 29	16	8.6
	30 – 39	98	52.7
	40 – 49	62	33.3
	50 – 59	10	5.4
	Total	186	100
Ward	Adult emergency	31	16.7
	Medical	23	12.4
	Surgical	17	9.1
	Children emergency	21	11.3
	Orthopedic	18	9.7
	Burn	8	4.3
	Renal	11	5.9
	Pediatrics	10	5.4
	Neonatal	11	5.9
	Obstetrics	27	14.5
	Specialty clinic	9	4.8
	Total	186	100

Objective one

To find out the level of workplace bullying experienced by nurses and their mental health.

Table 2 shows the level of workplace bullying. Findings from this study reveal that 91.4% of respondents are exposed to workplace bullying while 8.6% of the respondents have not experienced bullying. The

General health score measurement of the mental health of the nurses reveals that 43% experienced good mental health while 57% experience poor mental health. This study therefore concludes that majority of respondents are exposed to workplace bullying and experience poor mental health.

Table 2: Level of Workplace bullying and Mental health of Nurses

		N	%
Bullying	Exposed	170	(91.4)
	Not Exposed	16	(8.6)
Mental health status	Good mental health	80	43.0
	Poor mental health	106	57.0
		Mean	Standard deviation
Person related bullying		1.76	0.93
Work related bullying		1.57	0.96
Intimidation related bullying		1.27	0.65

Objective two

The influence of sociodemographic variables of nurses on the level workplace bullying

Table 3 reveals the influence of the socio-demographic variables on the level of workplace

bullying workplace. The socio-demographic variable tested includes gender, age, marital status, employment status, wards and religion. The result indicates that only religion is the statistically significant with the workplace bullying ($p=0.001$).

Table 3: Workplace bullying and sociodemographic variables

Variables		Exposure to bullying		Not exposed		X^2	P
		N	%	N	%		
Gender	Male	48	28.2	1	6.2	3.643	0.074
	Female	122	71.8	15	93.8		
Age(years)	20 – 29	16	9.4	0	0	2.125	0.547
	30 – 39	90	52.9	8	50		
	40 – 49	55	32.4	7	43.8		
	50 – 59	9	5.3	1	6.2		
Marital status	Single	46	27.1	1	6.2	3.654	0.161
	Married	122	71.8	15	93.8		
	Widow	2	1.2	0	0		
Employment status	Permanent	161	94.7	13	81.2	4.387	0.71
	Contract	9	5.3	3	18.8		
Ward	Adult Emergency	31	18.2	0	0	16.672	0.082
	Medical	18	10.6	5	31.2		
	Surgical	15	8.8	2	12.5		
	Children	19	11.2	2	12.5		
	Emergency						
	Orthopedic	17	10.0	1	6.2		
	Burn	8	4.7	0	0		
	Renal	10	5.9	1	6.2		
	Pediatrics	7	4.1	3	18.8		
	Neonatal	10	5.9	1	6.2		
	Obstetrics	26	15.3	1	6.2		
	Specialty clinic						
	Religion	Christianity	154	90.6	9		
	Muslim	16	9.4	7	43.8		

Objective three

The influence of socio-demographic variables of nurses on the mental health status.

Table 4 reveals the influence of socio-demographic variables on the mental health status of nurses. The

socio-demographic variable tested includes gender, age, marital status, employment status, wards and religion. The age category of nurses and their wards are statistically associated with the mental health status ($p<0.05$). Nurses who are married (78.3%),

those working in obstetrics unit (19.8%) and permanent staff (94.3%) experience high psychological distress, that is, poor mental health, however, the variables are not statistically significant.

Findings reveal that only age of nurses and their wards are statistically associated with the mental health status.

Table 4: Mental health and sociodemographic variables

Variables		Mental health status		X ²	P					
		Good mental health	Poor mental health							
		N	%	N	%					
Gender	Male	21	26.2	28	26.4	0.001	1.000			
	Female	59	73.8	78	73.6					
Age(years)	20 – 29	5	6.2	11	10.4	10.352	0.016*			
	30 – 39	43	53.8	55	51.9					
	40 – 49	32	40	30	28.3					
	50 – 59	0	0	10	9.4					
Marital status	Single	26	32.5	21	19.8	5.137	0.077			
	Married	54	67.5	83	78.3					
	Widow	0	0.0	2	1.9					
Employment status	Permanent	74	92.5	100	94.3	0.256	0.765			
	Contract	6	7.5	6	5.7					
Ward	Adult emergency	13	16.2	18	17	26.877	0.003*			
	Medical	12	15	11	10.4					
	Surgical	13	16.2	4	3.8					
	Children Emergency	9	11.2	12	11.3					
	Orthopaedic	5	6.2	13	12.3					
	Burn	4	5.0	4	3.8					
	Renal	6	7.5	5	4.7					
	Paediatrics	8	10.0	2	1.9					
	Neonatal	1	1.2	10	9.4					
	Obstetrics	6	7.4	21	19.8					
	Specialty clinic	3	3.8	6	5.7					
	Religion	Islam	8	10.0	15			14.2	0.725	0.501
		Christianity	72	90.0	91			85.8		

Objective four

To determine the relationship among workplace bullying, subsection of workplace bullying and mental health.

Table 5 shows that only work-related subsection of workplace bullying was strongly related to the mental health (p=0.005)

Table 5: Correlations among sub sections of workplace bullying and mental health

	GHQ12	WPB Total	Person related	Work related	Intimidation related
GHQ12	1	-0.080	-0.012	0.205**	0.052
WPB Total		1	-0.920**	-0.898	-0.764
Person related			1	0.689**	0.505**
Work related				1	0.767**
Intimidation related					1

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

This study examines the level of workplace bullying, mental health of nurses in a Federal Medical Center in South West Nigeria. The demographic characteristics of this study show that majority (73.7%) of the respondents are females and their

highest age range is between 30-39 years. Most (73.7%) of the participants are married and only few (6.5%) are on contract job. The highest respondents are from adult emergency and only twenty-three (12.4%) practice Islam.

Our findings show that majority of the respondents are exposed to workplace bullying and experience poor mental health. The higher prevalence of workplace bullying and experience of poor mental health may be due to poor working environment, heavy workload, poor remuneration and poor working satisfaction among majority of the health care workers in Nigeria. The poor working environment can lead to both intra and inter group conflicts and can predispose to workplace bullying (Simon, 2008). This study is similar to the study of Serafin & Czarkowska (2019) which indicates that work related bullying is most common among Polish nurses. This study agrees with Giorgi et al., (2016); Karatza et al., (2016) and Lahelma et al., (2011), who indicate that there is a strong relationship between workplace bullying and poor mental health status of nurses.

This result reveals that majority of the respondents experience person related bullying in the sub sections of workplace. This result is contrast relative to Chatzioannidis et al., (2018) and Karatza et al., (2016) who observe lower prevalence of workplace bullying among nurses in European countries. This findings is in line with studies of Fang et al., (2016) and Hyunjin et al., (2016) which report that specialized areas such as intensive care unit and emergency unit predispose nurses to poor mental health due to increase workload, workplace bullying and violence perpetrated by patients' relatives. Religion is statistically significant with the workplace bullying; age of nurses and their wards are statistically associated with the mental health status and work-related subsection of workplace bullying is strongly related to the mental health

Implications for nursing

Since nurses are at high risks of exposure to bullying and psychological distress, there should be proper awareness on the causes and prevention of the problems. Health care institutions administrators should provide supports for nurses and seek for strategies to address the menace in nursing profession. They should encourage nurses to speak out and act appropriately to prevent reoccurrence.

Conclusion and recommendations

Nurses experience high workplace bullying and have poor psychological health. There is no relationship between the total workplace bullying and mental health. However, work related sub section of workplace bullying and the ward where nurses work influence the level of their mental health status. As this effort cannot be regarded as being totally exclusive, studies should further be carried out on the causes, perpetrators of workplace bullying, and reasons for poor mental health status among nurses.

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