

Research Article

Personal Bullying and Nurses Turnover Intentions in Public Health Sector of Lahore, Pakistan

Tabassum A¹, Tabassum A¹ and Sultan A^{2*}¹Post-RN Student, Department of Nursing, The Superior College, Lahore, Pakistan²Post-RN Student, Post Graduate College of Nursing, Lahore, Pakistan***Corresponding author:** Sultan A, Post-RN Student, Post Graduate College of Nursing, Lahore, Pakistan**Received:** January 10, 2022; **Accepted:** February 02, 2022; **Published:** February 09, 2022**Abstract**

Workplace bullying has an adverse effect on the physical and mental health of nurses which are the strength of the health care system. The main objective of this study was to investigate the effect of workplace bullying among nurses and turnover intention in the public sector of Pakistan. This study included an explanatory consecutive mixed method. In this quantitative study, a questionnaire was filled from 187 registered nurses of public sector hospitals of Pakistan. The sample size was analyzed by a specific formula through SPSS version 21. The present study analyzed the psychological stress level faced by nurses in their workplace. In this research, we use a descriptive qualitative study design. Results from structural equation modeling showed the direct as well as an indirect effect on nurses turnover intentions by personal bullying. People, they keep the experiences to themselves and bear with the difficulties coming across rather than facing social problems. This is why professional bullying is very high in our hospitals but the nurses are unwilling to leaving their jobs. Workplace bullying in the nursing profession can cost quite a lot to the Patients, hospitals and the nurses themselves. Consequently, the current nursing shortage in hospitals even worse.

Keywords: Nurses; Turnover; Bullying**Introduction**

Bullying is defined as aggressive, threatening, insulting behaviour, abuse or misuse of power through means that weaken, humiliate, defame or hurt the recipient [1]. It has been extensively reported that it has the destructive impact to the target, observers, and for the organization [2]. The nurse who perceives to be the target of bullying may face a high level of stress which ultimately damages the target's personality [3]. The profession which is committed to saving lives and caring the sick peoples should not be subject of this humiliating act but unfortunately bullying at the workplace is a rising concern among nurses as well [4]. This issue is also increasing in developed countries like in UK 50% and USA 35% of the nurses has been insulted by harassment [5].

In nursing, bullying is a major workplace issue having some traditional stressors such as concentrated job desires, hefty workloads or lack inability to control decisions [6]. In the past researches show that bullying is different from traditional job-related stresses as it is not associated with a specific job and cannot be measured as a mutual experience instead it causes the organized targeting of individual and humiliate the person in front of colleagues. Moreover, bullying of a person occurring frequently causes the victim to feel helpless and result in a significantly higher level of negative psychological and job-related outcomes [2]. Personal bullying is not only happening in western countries but it is gradually increasing in Asian countries briskly [7]. Pakistan which is a male dominant country that many of the nurses are being bullied by the male doctors including sexual harassment. Reported in many cases that nurses are not ready to report such cases due to humiliation fear which even can be faced by their families. It makes stress and nervousness, a reaction of this

frustration leads to relational clash resulting in revenge, violence and nonconformity [8].

The study will inspect what is the relationship between bullying with nurse's job related intention and job turnover. What is the effect of personal bullying experienced by female nurses in hospitals? What type of bullying female nurse experiences in health care settings and what are their outcomes? The present study has surveyed the moderating effects of certain variables on workplace bullying, such as the effect of personal bullying on turnover intentions in Pakistan. We expected to find out the reasons behind personal bullying and the factors which cause them. To extract out either people are showing the reaction to bullying on the workplace. To find out reasons behind people not showing reaction to workplace bullying and how this is resulting in a turnover. There are many unreported and reported cases of nurses being bullied in the form of physical violence and rape and which ultimately creates anxiety, frustration and tension. As a result, this frustration leads to turnover intention. However, few studies have evaluated the moderating effect of apparent organizational support.

Materials and Methods

All the members of this study are registered nurses working in Punjab Cardiology Hospital Lahore. The study is connected to assess the personal bullying among nurses at the workplace and showing the reaction resulting in the turnover [9]. The present study involves a qualitative cross-sectional research design to assess the bullying among nurses at workplace. The setting of the study is the Punjab cardiology hospital. Targeted population is the female nurses of Punjab cardiology hospital. The participants belong to different demographical backgrounds and different socioeconomic classes [10]. The questionnaire was employed to collect data for the quantitative

phase of the study. At Punjab institute of cardiology Lahore from the nurses. The sample size is 187 nurses, all of them which were interested to show their reaction in the form of filling up this questionnaire. Agreeable to participate are those who are working in the public sector, approximately three months are required to complete this study. Data is collected through self-administer questionnaire from the participants. They are given a free hand to complete it and return it [11].

Questionnaire comprises of three parts first containing demographic data which consists of name, age, gender, institute, of the participant and second part a self-administer a modified version questionnaire was adopted from proceedings of the national conference on undergraduate research and the third part of questionnaire workplace bullying and $n = N/1 + (N) (E)^2$, job satisfaction: the moderating effect of perceived organizational support [12], second part composed of the questionnaire regarding the personal bullying on work place and third turnover intention of nurses. The participant will be answering to the questions according to 5 like scale. A 5 point scoring format was uses with (1) strongly disagree and (5) strongly agree. Adequate research information is given to contributors with full consent and this is achieved via a consent form along with the questionnaire. Confidentiality is fully maintained and no one is allowed to even read with the questionnaire. The right of participants was protected by the use of Nuremberg code of ethics. As this is a very personal assessment involving multiple participants, hence privacy is obliged. The freehand is given to the participants either to participate or not. Mentioning of names was even not made compulsory [13].

Results and Discussion

Data analysis and qualitative statistics are done by SPSS version 20. Statistic computer software was employed for data analysis [14]. The use of analysis aimed to identify the effects of personal bullying on the turn of the intention of the nurse. Cronbach's Alpha is 0.631 thus the result meets the standard requirements and shows that this is a reliable variable. The article includes two portions of analyses. The first part of the analysis is the analysis of demographic data. It provides us part of five demographic questions. Descriptive analysis is used for personal bullying on workplace among nurses and turn over the intention. It tells us about the stat of bullying and turnover intention. Gender of respondent in term of frequency distribution was that out of 187 respondents all were female. Age of respondent (n=187) on the basses of their age 20 to 25 years, 26 to 30 years, 31 to 35, above 36 years. Married 50.8% (n=187) and single respondent were 49.2%. All was nurses working in PIC hospital Lahore. Most of the nurses were having 1 to 5-year experience (n=187, 50.3%) while 20.9% having less than one-year experience. and 20.9% having 6 to 10 years' experience. Only 8.0% of nurses having above 10 years' experience. Most of the employees had nursing diploma 96.3% (Table 1-3).

Workplace bullying is a common complaint observed and proved in the research study, but there are many reasons the turnover intentions doesn't increase despite an increase in bullying [15]. Amongst the reasons for low turnover intentions the important ones are economic instability and lack of economic security, social factors such as varying negative attitudes of people around, psychological factors, which compels people to think it's a tabooing society [8].

Table 1: Frequencies of Demographic Variables.

Variables	Statistics				
	Gender	Age	marital states	Qualification	experience
N					
Valid	187	187	187	187	187
Missing	0	0	0	0	0
Mean	2	1.97	1.49	1.09	2.16
Median	2	2	1	1	2
Std. Deviation	0	0.793	0.501	0.467	0.846
Std. Error of Skewness	0.178	0.178	0.178	0.178	0.178
Std. Error of Kurtosis	0.354	0.354	0.354	0.354	0.354
Skewness		0.637	0.032	5.72	0.494
Kurtosis		0.196	-2.021	32.258	-0.212

Interpretation: The frequency table show that all the participants are female (187) no any male. And show the Mean, Median, and Std. Deviationist. Error of Skewness, Std. Error of Kurtosis, Skewness, Kurtosis (Age .196, marital states -2.021, qualification 32.258, and experience -212).

Table 2: Factor Analysis of Variables.

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.5
Bartlett's Test of Sphericity	
Approx. Chi-Square	50.911
Df	1
Sig.	0

Interpretation: KMO value is .50 and Bartlett's test significant (P less than 0.05) so that the whole set criteria full filled and displays tool of the study is valid.

Table 3: Exploring Correlation of Variables.

Correlations			
Pb	Pearson Correlation	1	0.491**
	Sig. (2-tailed)		0
	N	187	187
Ti	Pearson Correlation	0.491**	1
	Sig. (2-tailed)	0	
	N	187	187

Interpretation: Table 3 is showing significant values.

Economic instability is the leading cause of low turnover. Pakistan being a developing country facing overpopulation and low per capita income, it is hard for people to leave their jobs, to deal with expenses and financially support their families [16]. Our society has considered bullying a taboo and no one likes to talk about it. If a person discusses this issue with others, people snub him or make fun of him and ask him to bear with this. As a result of these pressures and attitudes of society towards bullying this has created psychological effect on many people who experience bullying [17]. They keep the experiences to themselves and bear with the difficulties coming across rather than facing social problems. Which is why the professional bullying is very high in our workplaces but people are reluctant leaving their jobs. This research reflects that workplace bullying is a parasite disintegrating the peace of our society yet everyone remains a silent spectator [18].

Bullying behaviours have shown increased levels of stress among nurses [19]. This single bad behavior leads to multiple types of

outcome with increasing harshness over time. The major drawback is the tenacity of such immoral behaviour creates continuous distress in individual leaving that person abandoned and unable to handle it. The quantitative results of this research have also indicated a direct positive association between personal bullying and nurses' turnover intentions. Talking about important prevention against workplace bullying, the primary intervention must be a written bullying prevention program which must include "zero tolerance" for bullying in the workplace. The organization should not tolerate negative behavior and proper action against it is an utmost requirement. One method that management should implement is to conduct exodus interviews with former employees. This way will be easy to pinpoint reasons for the high tendency of leaving the workplace as the understanding through honest confessions can be very beneficial [15].

A large number of worth mentioning positive aspects and strengths of this study include; a descriptive study design. This methodological study pattern fills an important gap in the workplace bullying study and adds confidence to our findings. We investigated inside and deeper level connection between personal bullying and turnover intentions. Along with the strengths, there are some limitations as well such as, despite great struggles to increase the sample size and to find out potential respondents who are ready to provide information on some very sensitive issues is not very easy. Evaluation of our statistical data indicated that the analytical power is still large enough to derive inferences for such big population. Secondly, the data was collected at one point in time, making it impossible to conclude connection at different times. As a result, descriptive studies are needed for causality inferences on the relationships examined in the present study. Third, the majority of our sample involved female nurses. Male nurses should be of focus in future studies and may compare them with their female colleagues on personal and organizational consequences associated with exposure to bullying [20].

Conclusion

We pointed bullying incidents against nurses to a broader source that is paramedics, doctors, clinicians, consultants, health care providers and some others. It can be compared with the effects of bullying from different committers in future studies. In a nutshell, personal bullying Pakistan being a developing country facing over population and low per capita income, it is hard for people to leave their jobs, to deal with expenses and financially support their families. Omitted by medics against nurses is a severe unruly in health care societies, and requirements to be spoken.

References

- Adkoli BV. Migration of Health Workers: Perspectives from Bangladesh, India, Nepal, Pakistan and Sri Lanka. In Regional Health Forum. World Health Organization, Regional Office for South-East Asia. 2006; 10: 49-58.
- Hauge LJ, Skogstad A, Einarsen S. The relative impact of workplace bullying as a social stressor at work. *Scandinavian journal of psychology*. 2010; 51: 426-433.
- Sahay A, Willis E. Graduate nurse views on patient safety: Navigating challenging workplace interactions with senior clinical nurses. *Journal of Clinical Nursing*. 2022; 31: 240-249.
- Ahearn KK, Ferris GR, Hoch warter WA, Douglas C, Ammeter AP. Leader political skill and team performance. *Journal of management*. 2004; 30: 309-327.
- Simons S. Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*. 2008; 31: E48-59.
- Cao J, Jia Z, Zhu C, Li Z, Liu H, Li F, Li J. Nurses' turnover intention and associated factors in general hospitals in China: A cross-sectional study. *Journal of Nursing Management*. 2021.
- Djurkovic N, McCormack D, Casimir G. Workplace bullying and intention to leave: the moderating effect of perceived organizational support. *Human Resource Management Journal*. 2008; 18: 405-422.
- Reknes I, Pallesen S, Magerøy N, Moen BE, Bjorvatn B, Einarsen S. Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: results from the prospective SUSSH-survey. *International journal of nursing studies*. 2014; 51: 479-487.
- Summers TP, DeCotiis TA, DeNisi AS. A field study of some antecedents and consequences of felt job stress. In *Occupational stress*. 2020: 113-128. CRC Press.
- Einarsen S, Hoel H, Notelaers G. Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & stress*. 2009; 23: 24-44.
- Creswell JW, Clark VL. *Designing and conducting mixed methods research*. Sage publications. 2017.
- Schaffer MA, Keller LO, Reckinger D. Public health nursing activities: Visible or invisible? *Public Health Nursing*. 2015; 32: 711-720.
- Gemzøe Mikkelsen E, Einarsen S. Relationships between exposure to bullying at work and psychological and psychosomatic health complaints: The role of state negative affectivity and generalized self-efficacy. *Scandinavian journal of psychology*. 2002; 43: 397-405.
- Preacher KJ, Hayes AF. SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior research methods, instruments, & computers*. 2004; 36: 717-731.
- Pearson CM, Porath CL. On the nature, consequences and remedies of workplace incivility: No time for "nice"? Think again. *Academy of Management Perspectives*. 2005; 19: 7-18.
- Shahzad A, Malik RK. Workplace Violence: An Extensive Issue for Nurses in Pakistan: A Qualitative Investigation. *Journal of interpersonal violence*. 2014; 29: 2021-2034.
- Vartia MA. Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. *Scandinavian journal of work, environment & health*. 2001: 63-69.
- Hong S, Kim H, Nam S, Wong JY, Lee K. Nurses' post-traumatic stress symptoms and growth by perceived workplace bullying: An online cross-sectional study. *Journal of Nursing Management*. 2021.
- Perrewé PL, Zellars KL, Rossi AM, Ferris GR, Kacmar CJ, Liu Y, et al. Political skill: an antidote in the role overload-strain relationship. *Journal of Occupational Health Psychology*. 2005; 10: 239.
- World Health Organization. Density of nursing and midwifery personnel. 2014.