Relation between Workplace Bullying and Psychological Capital Among Nurses

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Abstract

Background: Workplace bullying has an influence on everyone in the organization, including the patient's health and the entire workplace. Psychological capital described as a favorable mental state linked to nurses' mental health, the standard of their treatment, and patient outcomes. **The Aim** of this study was to assess relation between workplace bullying and psychological capital among nurses. **Subjects and Method:** Cross-sectional design was used in this study. **Setting:** The study was conducted at Al- Ahrar Zagzag Teaching Hospital in Zagazig-AL-sharqia, Egypt. **Subjects:** A purposive sample of 120 nurses working in the previous mentioned setting. **Tools:** Data were collected using two tools, **Tool (I):** Work Place Bullying Scale. **Tool (II):** Psychological Capital Scale. **Results:** the result of study indicated that 95% of nurses not exposed to workplace bullying, and 72.5% of studied nurses had psychological capital moderately. There was non- significant relationship between characteristics of the studied nurses and their psychological capital. There was a highly statistical significant negative correlation between domains of workplace bullying and domains of psychological capital (p<0.01). **Conclusion:** Majority of the nurses had low level of workplace bullying; nearly three quarter of studied nurses had psychological capital moderately. There was a statistically significant negative correlation between workplace bullying and psychological capital. Workplace bullying and age were significant negative predictors of psychological capital among the studied nurses. **Recommendations:** Conducting training program for staff nurses about bullying, Intervention programs are recommended for nurses to enhance their level of psychological capital.

Key words: Nurses, Workplace bullying, Psychological capital

Introduction

Due to the emotional nature of the patients' needs, lengthy professional work hours, and interpersonal problems, nursing is one of the most challenging occupations. Nurses have reported more personal and professional stress in recent years as a result of new healthcare technologies, budget cuts, and changing healthcare conditions [1].

Moreover, Workplace bullying is the act of repeatedly engaging in unfavorable actions with the aim of upsetting a target who may be a coworker, subordinate, or management. Such behaviors may negatively impact the victim's ability to function at work, have an adverse psychological impact, cause the victim to miss work, be ineffective, become socially isolated, and ultimately end in termination or turnover [2].

Workplace bullying, which included power abuse, occupation devaluation, and professional discredit; and personal bullying, which belittled and humiliated a person in an effort to make them appear foolish, feel constrained or uncomfortable, undermine their confidence, and diminish their value. Aside from these unfair and unreasonable actions, bullying can also include targeting someone out of personal animosity, refusing or excluding them from groups, or encouraging others to do

the same. Workplace bullying frequently happened as a result of different degrees of control within an organization [3].

Adults who are bullied at work may experience a wide range of symptoms. These consist of: Physical signs of stress include headaches, stomachaches, elevated blood pressure, and difficulty sleeping (insomnia). Irritable bowel syndrome, stomach ulcers, and other conditions can be brought on by stress. Depression, worry, anxiety issues, suicidal thoughts or actions, and panic attacks are examples of psychological symptoms. Low self-confidence and self-esteem are causing a lot of time off from work [4].

Hope, optimism, self-efficacy, and resilience are the four perceptual-cognitive components that make up psychological capital, which is a cohesive structure. Having the self-confidence to overcome obstacles (self-efficacy), having a positive outlook and expectations for success now or in the future (optimism), persevering towards success and having options for revision (hope), and having the ability to deal with issues and keep moving forward (resilience) are these four characteristics[5].

Bullying at work and its negative psychological consequences can also be mediated through psychological capital. In other words, people with high levels of positive psychological capital can fight against risky behavior (like bullying at work) and lessen its effects. The harmful effects of bullying can be reduced by strengthening an individual's psychological capital through an intervention like training programs. Psychological capital is modifiable [6].

Significance of the study:

Nurses in the health care sector are known to be more susceptible to bullying behaviors at the workplace, with incidence rates vary from 13% to 86% [7]. The universal rate of workplace bullying among general workers ranges between 11% and 18%.Unfortunately 39.7% of nurses world widely were victims of workplace bullying [8].

Workplace bullying results in physical and mental health problems, as well as decreased job satisfaction . As workplace bullying may have detrimental effects on the security of nurses, medical institutions, and patients. [9].

The importance of psychological capital in fostering and enabling the performance of an ideal employee has been emphasized. In Egypt there is limited number of comprehensive research on bullying within the workplace, and psychological capital among nurses.

Aim of the study:
The current study aimed to assess relation between workplace bullying, and psychological capital among nurses

Research Questions:

1-What are the levels of bullying and psychological capital among nurses?

2- Is there relation between bullying, and psychological capital among nurses?

3- Is there relation between bullying, burnout, and psychological capital among Nurses?

Subjects and methods:
Research design:
A cross-sectional design was used in the present study

Study setting:
The study was conducted in the Intensive care units (ICU) & Emergency departments at Al Ahrar Zagzag Teaching Hospital in Zagazig-AL-sharqia, Egypt.

Study subjects & methods:

A purposive sample of 120 staff nurses from the above-mentioned setting who fulfilled the following **criteria:** who were providing direct patient care in Intensive care units (ICU) & Emergency departments during the time of data collection and having at least one year of experience, all educational level, both sexes, and agree to participate in the study.

Sample size calculation:

The sample size was calculated based on Association between Positive psychological capital and workplace bullying was -0.29 [10].and at confidence level 95%, and power of test 90%, the sample was calculated to be 120 nurses. Total sample size n = $[(Z\alpha+Z\beta)/C]^2 + 3$

T*ools of data collection*:

Two tools were used to collect necessary data. **Tool I:** It includes two parts **Part (1):** Socio-demographic data**:** It was developed by the researcher and includes information about age, sex, level of education, hospital department, years of experience, Position, Marital status, and Working hours.

Part (2): Work Place Bullying Scale It was developed by **Einarsen et al., (2009)** to assess bullying among nurses**.** It consists of 21 items grouped under two factors which include. Work related bullying (10 items).Person related bullying (11 items).The participants were supposed to recall their last 6 working months and express their agreement or disagreement on a 5-point Likert scale.

Scoring system:
- High level of staff nurses' experience workplace bullying ≥75%.
- Moderate level of staff nurses' experience workplace bullying 60- 75%.
- Low level of staff nurses' experience workplace bullying <60%.

Tool II: Psychological Capital Scale was developed by Luthans et al., (2007) [11]:

This tool consists of 24 items divided into four subscales, optimism, resilience, hope and self-efficacy. Each subscale has 6 items.

Scoring system:
- High level of staff nurses' psychological capital >90%.
- Moderate level of staff nurses' psychological capital 60- 90%.
- Low level of staff nurses' psychological capital <60%.

Content validity& Reliability:

The tools were tested for content validity by Jury of four experts, from the Faculty of Nursing (psychiatric and Mental Health، and nursing administration departments). These experts assessed the tool for clarity, relevance, comprehensiveness and understandability.

The reliability of tools was tested by measuring their internal consistency. It demonstrated a good level of reliability with Cronbach's Alpha as follow: Bullying was 0.821, and Psychological capital was.771, which indicate an accepted reliability of the tool.

Fieldwork:

After receiving approval to move on with the study, the researcher got to work creating a timetable for data collection. The researcher conducted one-on-one interviews with each nurse after introducing herself, providing a brief explanation of the goals of the study, and assuring the nurses that the information she collected would be kept absolutely private and used only for research. After that, it was verbally agreed to collect the required data.

The participant who meets the criteria was interviewed by the researcher while she visited the Al Ahrar Zagzag Teaching Hospital's intensive care units (ICU) and emergency rooms. Each participant

completed the research instruments during the interview, which took somewhere between 15 and 20 minutes, depending on how they responded to the questions. The fieldwork was carried out over a period of three months, from the beginning of October to the end of December 2022, at various times during the morning, afternoon, and night shifts in an effort to gather data under various working conditions.

Pilot study:

Five nurses—representing roughly 10% of the study subjects—were the subjects of a pilot study. Testing the tools' applicability, viability, and practicability were the goals of the pilot project. Estimating how long it would take to complete the questionnaire page was helpful as well. The instruments were not changed in response to the pilot research's findings, and participants in the study were included in the sample under investigation.

Administrative and ethical considerations:

By submitting formal letters from the dean of the nursing faculty at Zagazig University to the administrator of Al Ahrar Zagzag Teaching Hospital, approval was officially granted for data collecting. Additionally, the researcher went to the study location, spoke with the director of Al Ahrar Zagzag Teaching Hospital, and requested his assistance after explaining the study's goals.

Firstly, the study proposal was approved by the Research Ethics Committee (REC) and Postgraduate Committee of the Faculty of Nursing at Zagazig University). Then, verbal agreement for participation was obtained from each subject after full explanation of the aim of the study. The option to decline participation was provided, and participants were informed that they might stop filling out the questionnaire at any time. The

questionnaire sheet did not contain any names, and the assignment of a code number to each participant secured their anonymity. They received guarantees that the data would be kept private and used only for research.

Statistical analysis:

Data entry and statistical analysis were done using SPSS 22.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. Quantitative data were expressed as the mean ± SD, median (range) and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). The chi-square test was used to find the significant association between the demographic, workplace bullying, and psychological capital scores. Person correlation coefficient was calculated to assess relationship between study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. Multiple linear regressions (step-wise) were also used to predict factors which affect total psychological capital score. Cronbach alpha coefficient was calculated to assess the reliability of the awareness scale through its internal consistency. P-value < 0.05 was considered statistically significant, p-value < 0.01 was considered highly statistically significant, and p-value ≥ 0.05 was considered statistically non-significant (NS).

Results:

Table (1) and figures (1, 2) reveal that 97.5% of studied sample low exposed to person–related bullying and 92.5% of them low exposed to work-related bullying. Generally 95% of nurses had low level of workplace bullying. It was

demonstrated that the level of optimism,resilience, self-efficacy, and hope were moderate among studied nurses 68.3%, 66.7%, 59.2%, and 58.3% respectively . In relation to total psychological capital this table reveals that 72.5% of studied nurses had moderate, compared to 21.7% had high.

Table (2) shows that 50% of studied nurses had bullying experience at work during the last 6 months. This table reveals that there was a significant relationship between bullying experience at work and workplace bullying.

Table (3): revealed that there was non- significant relationship between characteristics of the studied nurses and their psychological capital.

Table (4) and **figure (3)** reveal correlation matrix between study variables. It was revealed that there was a significant negative correlation between domains of workplace bullying and domains of psychological capital.

Table (5): Best fitting multiple linear regressions for predicting factors which affect total psychological capital is showed in table (5). It was revealed that total of workplace bullying and age were significant negative predictors of psychological capital among the studied nurses.

Discussion:

Nurses are considered predominant and the corner stone in providing healthcare to individuals and community, unfortunately workplace bullying exists in almost all workplaces settings. Workplace bullying not only affect nurse, but also impacted the entire workplace environment, patient health and the whole organization [12].

Regarding to the levels of bullying among nurses .The present study showed that work-related bullying was more common than person –related bullying among the studied nurses, and the majority of them had the highest percent of studied sample had low regard low total of workplace bullying, this may be because these nurses worked in a positive work environment with a low interpersonal conflict. This finding is consistent with the study of **Obeidat et al.** [13] in Sweden who reported that work-related bullying was the most frequently reported type of workplace bullying followed by person-related bullying.

On the other hand, the present result disagreed with of **Rahm et al.** [14] in Sweden who reported that person-related bullying was more common than work related bullying. Regarding to the levels of psychological capital, the current study results found that slightly less than three fourths of studied nurses had moderate of psychological capital. It was demonstrated that highest of psychological capital subscales was optimism, followed by resilience, and self-efficacy and the least for hope. This finding might be due to believe that all problems occurring at work always have a bright side; they are able to deal with bad situations and believe that everything will be changed to be better.

The previous findings were in the same line with those of other previous studies carried out in China by **Zhou et al.** [15], who concluded that resilience was the most prominent trait, among the subscales of psychological capital, followed by optimism, self-efficacy, and hope. The present study agreed with **Abou Elyazied et al.** [16], in Egypt who found that slightly less than half of studied nurses had a moderate psychological capital. Also, nearly half of them had significant levels of psychological capital.

This finding disagreed with the study of **Metwaly and Ahmed** [17] which reported that the highest of psychological capital subscales was for resilience and hope, followed by self-efficacy and the least was for optimism.

Regarding to relation between the bullying experience at work and total of workplace bullying, the current study results revealed that there was significant relationship between having bullying experience at work during the last 6 months and total of workplace bullying. This was in the same line with a study in Kuwait done by **Alaslawi** [18] who found that significant relation between bullying experience at work and total of workplace bullying. Additionally; the study of **Trepanier et al.** [19] and **Al-Wehedy et al**. [20] who reported that more than half of nurses were exposed to workplace bullying which should be a cause for concern as it brings special attention to bullying the health care. On the contrary this finding disagreed with the study carried out in Bangalore by **Baburajan et al.** [21] which showed that no significant relation between having bullying experience at work and total score of workplace bullying.

As regards to the correlation matrix between study variables that there was a significant negative correlation between domains of psychological capital and domains of workplace bullying. These were supported by the study of **Ibrahim et al.** [22] in Egypt who found that domains of psychological capital were negatively correlated with domains of workplace bullying. The previous finding disagreed with the study done in the Midwest by **Wright and Khatri** [23] **,** assured Positive relationship among domains of psychological capital and domains of workplace bullying.

The current study results revealed that total of workplace bullying and age were significant negative predictors of psychological capital among the studied nurses. This finding is consistent with study done in Ethiopia by **Raza et al.** [24] which found that there were significant negative correlations between workplace bullying and psychological capital, additionally; **Ding et al.** [25] in China found that age were significant negative correlated with psychological capital.

On the contrary to the results of the current study **Yang et al** [26] in Chinese reported that Age was positively correlated with psychological capital. Also, **Ali et al** [27]**,** reported that there is a significant positive correlation between workplace bullying and psychological capital.

Conclusion:

On the light of results of the current study it was concluded that, Majority of the nurses had low of workplace bullying, nearly three quarter of studied nurses had moderate of psychological capital, there was a statistically significant negative correlation between workplace bullying and psychological capital, and total of workplace bullying and age were significant negative predictors of psychological capital among the studied nurses.

Recommendations:

- Nurses at all levels, including administrators and staff nurses, need to be informed to report bullying.
- Intervention programs are recommended for nurses to enhance their level of psychological capital (self-efficacy, hope, optimism, and resilience), improve their coping ability, and to reduce their level of burnout.
- Provide support, psychological counseling and comprehensive care for nurses' victim of bullying and inform nurses about their rights to create a positive atmosphere for them.

Table (1): Frequency distribution of the studied nurses according to levels of workplace Bullying, and **Psychological Capital studied nurses (n=120)**

| Variables	Low		Moderate		high		Mean± SD
Workplace bullying	No	%	No	%	No	%	
Person –Related Bullying	117	97.5	1	.8	2	1.7	17.83±6.64
Work-Related Bullying	111	92.5	5	4.2	4	3.3	17.20±7.91
Total	114	95.0	4	3.3	2	1.7	35.03±13
Psychological Capital Scores **Optimism**	23	19.2	82	68.3	15	12.5	22.22±4.43
Hope	9	7.5	70	58.3	41	34.2	24.99±4.55
Self-efficacy	9	7.5	71	59.2	40	33.3	25.05±4.05
Resilience	13	10.8	80	66.7	27	22.5	24.32±4.23
Total	7	5.8	87	72.5	26	21.7	96.60±14
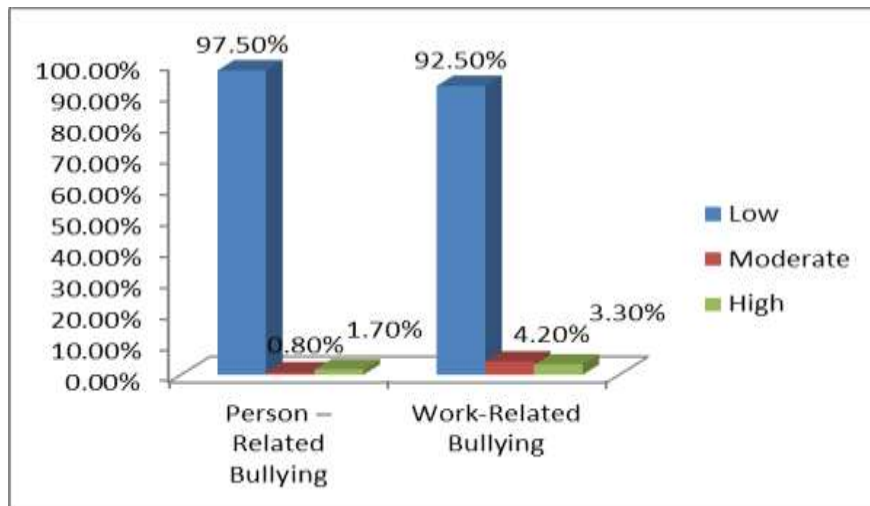
Figure (1): Bar chart presenting domains of workplace bullying among studied nurses.
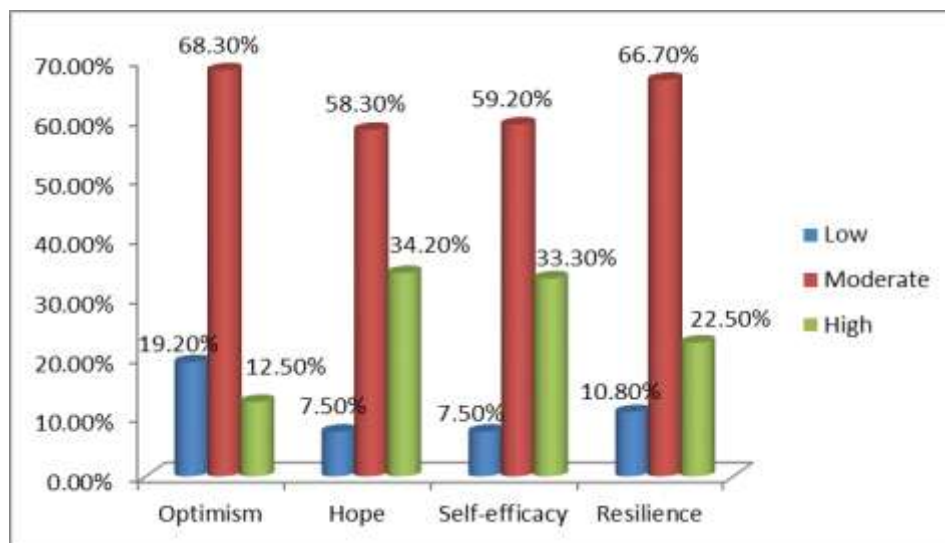

Figure (2): Bar chart presenting psychological capital subscales among studied nurses

Table (2): Relation between demographic characteristics of the studied nurses and their workplace bullying (n=120).

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demographic Characteristics	Low (n=114)		Moderate (n=4)		High (n=2)		χ 2	p-value
	N	%	N	%	N	%		
Age (year)								
20-	64	56.1	4	100.0	1	50.0	3.191	0.526
30-	46	40.4	0	0.0	1	50.0		
40-50	4	3.5	0	0.0	0	0.0		
Gender								
Male	43	37.7	0	0.0	1	50.0	2.523	0.283
Female	71	62.3	4	100.0	1	50.0		
Current department								
ICU	74	64.9	4	100.0	2	100.0	3.158	0.206
ER	40	35.1	0	0.0	0	0.0		
Years of experience								
1-	44	38.6	1	25.0	1	50.0	3.272	0.513
5-	42	36.8	3	75.0	1	50.0		
10 and above	28	24.6	0	0.0	0	0.0		
Position								
Staff nurse	101	88.6	4	100.0	2	100.0	0.767	0.681
head nurse	13	11.4	0	0.0	0	0.0		
Marital status								
Married	79	69.3	2	50.0	1	50.0	0.981	0.612
Un married	35	30.7	2	50.0	1	50.0		
Academic qualification								
Nursing diploma	6	5.3	1	25.0	1	50.0	9.815	0.133
Technical institute of Nursing	54	47.4	1	25.0	0	0.0		
Bachelor's degree	47	41.2	2	50.0	1	50.0		
Post-graduate	7	6.1	0	0.0	0	0.0		
Working hours								
36 hours	108	94.7	3	75.0	2	100.0	2.866	0.239
48 hours	6	5.3	1	25.0	0	0.0		
Have you any bullying experience at work during the last 6 months ?								
Yes	43	37.7	4	100.0	1	50.0	6.330	0.042*
No	71	62.3	0	0.0	1	50.0		
Have you any experience witnessing bullying during work?								
Yes	66	57.9	3	75.0	2	100.0	1.872	0.392
No	48	42.1	1	25.0	0	0.0		
Bullying severity perception								
Severe	56	49.1	1	25.0	1	50.0	3.190	0.527
Very severe	52	45.6	2	50.0	1	50.0		
Not sever	6	5.3	1	25.0	0	0.0		

χ 2 : Chi square test, non-significant(p>0.05), *: statistically significant (p<0.05)

Table (3): Relation between demographic characteristics of the studied nurses and their psychological capital score (n=120).

demographic Characteristics	Low (n=7)		Moderate (n=87)		High (n=26)		χ 2	p-value
	No	%	No	%	No	%		
Age (year)								
20-	2	28.6	50	57.5	17	65.4	3.886	0.422
30-	5	71.4	34	39.1	8	30.8		
40-50	0	0.0	3	3.4	1	3.8		
Gender								
Male	4	57.1	27	31.0	13	50.0	4.443	0.108
Female	3	42.9	60	69.0	13	50.0		
Current department								
ICU	6	85.7	56	64.4	18	69.2	1.427	0.490
ER	1	14.3	31	35.6	8	30.8		
Years of experience								
1-	1	14.3	32	36.8	13	50.0	5.001	0.287
5-	5	71.4	33	37.9	8	30.8		
10 and above	1	14.3	22	25.3	5	19.2		
Position								
Staff nurse	7	100.0	76	87.4	24	92.3	1.411	0.494
head nurse	0	0.0	11	12.6	2	7.7		
Marital status								
Married	5	71.4	56	64.4	21	80.0	2.521	0.283
Un married	2	28.6	31	35.6	5	19.2		
Academic qualification								
Nursing diploma	2	28.6	5	5.7	1	3.8	8.564	0.200
Technical institute of Nursing	1	14.3	40	46.0	14	53.8		
Bachelor's degree	4	57.1	36	41.4	10	38.5		
Post-graduate	0	0.0	6	6.9	1	3.8		
Working hours								
36 hours	7	100.0	80	92.0	26	100.0	2.820	0.244
48 hours	0	0.0	7	8.0	0	0.0		
Have you any bullying experience at work during the last 6 months ?								
Yes	4	57.1	36	41.4	8	30.8	1.849	0.397
No	3	42.9	51	58.6	18	69.2		
Have you any experience witnessing bullying during work?								
Yes	4	57.1	52	59.8	15	57.7	0.048	0. 976
No	3	42.9	35	40.2	11	42.3		
Bullying severity perception								
Severe	3	42.9	43	49.4	12	46.2	7.785	0.99
Very severe	2	28.6	41	47.1	12	46.2		
Not sever	2	28.6	3	3.4	2	7.7		

χ 2 : Chi square test, non-significant(p>0.05)

Table (4): Correlation matrix among studied variables

Items	Person – Related Bullying	Work-Related Bullying	Optimism	Hope	Self-efficacy
Person–Related Bullying					
Work-Related Bullying (r)	0 .813**				
Optimism (r)	-0.508**	-0.453**			
Hope (r)	-0.621**	-0.555**	0.731**		
Self-efficacy (r)	-0.485**	-0.518**	0.595**	0.699**	
Resilience (r)	-0.516**	-0.500**	0.487**	0.685**	0.766**

*: statistically significant (p<0.05), **: statistically highly significant   (p<0.01), r: correlation coefficient
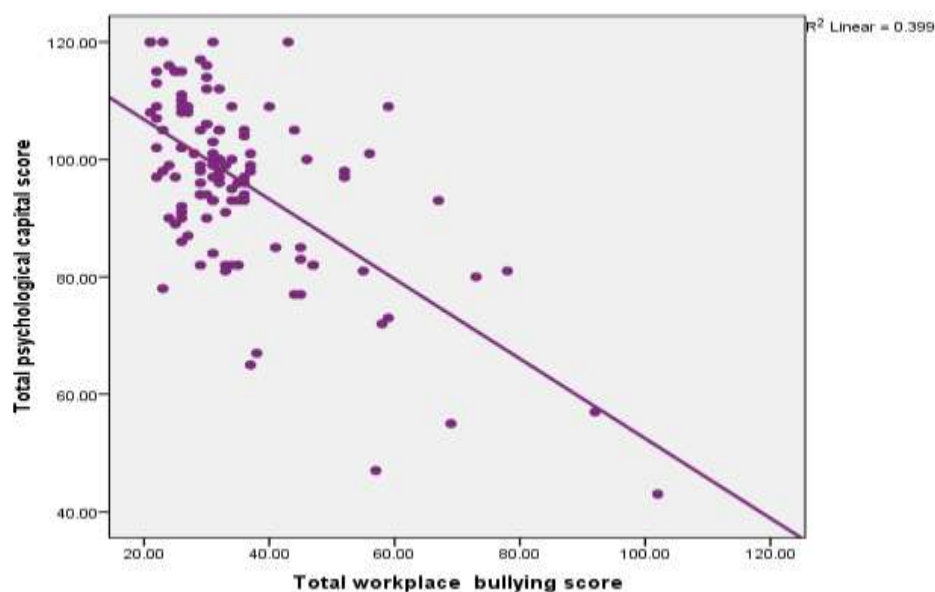

Figure (3): Scatter plot showing correlation between workplace bullying, and psychological capital of the studied nurses.

Table (5): Best fitting multiple linear regression for predicting factors which affect total psychological capital score (n=120).

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	134.596	6.930		19.421	0.001	120.869	148.323
Total bullying score	-.529-	.093	-.492-	-5.693	0.001**	-.714	-.345
Age	-.411-	.207	-.137-	-1.988	0.049*	-.820	-.002

**: statistically highly significant (p<0.001), *: statistically significant (p<0.05)

R-square=0 .462, ANOVA: F= 33.155,   P<0.001
Variables entered and excluded: gender, current department, years of experience, position, marital status, academic qualification, working hours, bullying experience at work last 6 months, experience witnessing bullying at work, and bullying severity perception.

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