

Prevalence of Workplace Bullying among Health Care Professionals

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Abstract

Bullying in the workplace is a significant issue in the contemporary period of health care sector. The importance of understanding the factors that contribute to the emergence and development of workplace bullying is vital due to its negative consequences on the mental health and well-being of the health care workforce. This cross sectional study was conducted to determine the prevalence of workplace bullying among the health care professionals. The study reveals that the prevalence of workplace bullying is nearly 24% among the healthcare professionals in Dhaka city. Commonly reported workplace bullying are tough use of discipline (48.6%), unreasonable refusal of application for leave and promotion (37.9%), removal of areas of responsibility without consultation (34.3%), undue pressure to produce work (32.9%) and persistent attempt to humiliate in front of colleagues (32.1%). In the majority of cases (55%) bullying is perpetrated by senior executives. However, bullies are also co-workers (32.1%) and subordinate (12.9%). In 58% cases the bully is the same sex and majority (59%) of the bully is older than the victim. Job induced [stress](#) (47.9%) is the most predominant health effect associated with bullying in the workplace. About 23% respondents perceive lower level of job satisfaction as the main consequence of workplace bullying followed by tendency to leave the job (16.4%) and absenteeism (7.9%). Workplace bullying is found significantly associated with job designation. Nurses are reporting significantly higher events of work place bullying as compared with physicians. Gender and length of service is also found associated with some of the bullying behaviors. Therefore, this work will be helpful for social researchers and public health professionals to assess the prevailing situation of workplace bullying among the health care professionals as well as to find out the factors associated with this behavior in the socio-cultural context to implement social and public health interventions.

Keywords: Prevalence, Bullying, Workplace bullying, Bully, Health care professionals

Introduction

Workplace bullying occurs when an employee experiences a persistent pattern of mistreatment from others in the workplace that causes harm (Rayner, 2005). At present, workplace bullying has particularly increased in the health care sector and such behavior is four times more prevalent among the health care professionals than in other job (Rowell, 2005). As reported by the USA Bureau of Justice Statistics, 2001 ‘physicians and nurses are frequently victims of workplace hostility and the bullying rates against doctors and nurses are 16.2 per 1,000 and 21.9 per 1,000 respectively.’ In the European Union, 52% of healthcare jobholders experience some sort of aggression at work, followed by 39% of social care workers and 25% of service workers (Momborg, 2011). Ayranci’s (2006) research shows that the prevalence rate of workplace

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bullying is 11.3% among healthcare workers. According to Dellasega (2009), 44% of nursing staff experience workplace bullying at some point in their working lives.

Regarding the extent of its manifestation, there is a strong variation in the prevalence of workplace bullying; estimates range from 4% to 5% in Northern European Countries (Skogstad, 2009) to 15% in Southern European nations (Arenas, 2011). Yildirim and Yildirim affirm that 87% of nurses in Turkey experience some form of bullying, especially those in the public sector (Yildirim, 2007). BMJ (2002) reveals that Black and Asian doctors are more likely to be bullied than other doctors. 84% doctors experience at least one bullying behavior in which 37% of them are junior doctors. National case studies conducted in Australia, Brazil and Bulgaria in general hospitals (Geneva, 2002) found that the annual prevalence of bullying which is defined as a repeated, unwanted, and unreasonable behavior directed toward an employee ranged from 10.5% to 23%. Research conducted in England (Whittington, 1996) Hong Kong (Kwok et al., 2006) and China (Chen et al., 2003) found that bullying and verbal abuse varied from 43% to 73%. Studies conducted in emergency departments and psychiatric settings in the US (May, 2002), Kuwait (Atawneh et al., 2003) and Taiwan (Lin, 2005) found even higher prevalence rates. Certain factors, such as cultural characteristics and social changes, seem to explain the variations in these prevalence rates. Statistics paint a bleak picture regarding the exposure of healthcare employees to hostility, mostly because bullying at work in the context of healthcare services includes interactions among such varied groups as co-workers, supervisors, patients, families, visitors and others (Salin, 2003).

One of the crucial factors that may be utilized to study workplace bullying is gender. Some authors have observed a higher frequency of bullying among women health workers compared to men while other large-scale studies indicate that, except for sexual harassment, both men and women workers are equally prone to being bullied at work (Leymann, 1996). In research concerning nursing staff in Norway, a profession in which men are underrepresented; Eriksen and Einarsen found that female bullying actions reached 4.3%, while this parameter among males escalated to 10.2% (Einarsen, 2004). Workplace Bullying Institute (The 2007 WBI-Zogby Survey) states that women health care workers appear to be at greater risk of becoming a bullying target, as 57% of those who reported being targeted for abuse were women.

Findings related to the employee's age is also found associated with workplace bullying. Leymann (1996) reports that bullying victims are normally under 25. Similarly, Hoel and Cooper (2000) find that young health care workers are more likely to experience a greater level of bullying in comparison with older employees. Lower prevalence rates for experiencing a hostile work environment were identified for workers aged 65 and older compared to workers in other age groups. The exact opposite findings are reported by Skogstad (2009) who observed a higher incidence of bullying among senior employees. The likelihood of workplace bullying among seniors increases when job insecurity is present, when people become dissatisfied with their work and salary. Dellasega (2009) study reports that unmarried workers are significantly more likely to experience workplace bullying compared to married employees.

Organizational variables that have been studied for the associations with bullying include monotony, complexity and teamwork. Einarsen's (2004) research makes evident that monotonous and repetitive tasks are more frequent among bullying victims and the probability of a health

sector employee considering him/herself bullied is higher due to its working schedule in shifts and performing monotonous and rotational assignments. During activities requiring teamwork, bullying among peers seems to be more likely to occur. Accordingly, the most influential variables related to workplace bullying among health care workers are the level of education, work stress and expectation of career growth.

The phenomenon of workplace bullying has a detrimental effect on both individuals and organizations (e.g. managerial costs and turnover escalate and productivity declines). This assertion becomes even more significant for health care sector as it is composed of employees providing particular assistance in a close and direct way to patients. Relations between bullying and occupational health outcomes were examined by *BMJ* (1998) where it was revealed that health care staff who had experienced bullying in the past year reported significantly lower levels of job satisfaction than other workers. Additionally they had significantly higher levels of job induced stress and higher scores on the tendency to leave scale than those who had not been bullied. They were significantly more likely to suffer clinical levels of anxiety and depression. The above mentioned study also showed that those health workers who experienced bullying reported that their health had been affected and most of them taken time off from work. Altogether 335 days were reported lost. In addition, co-workers who witness workplace bullying can also have negative effects, such as fear, stress and emotional exhaustion (Lutgen-Sandvik, 2003). Health care organizations suffer a large financial cost by not accurately [managing conflict](#) and bullying type behaviors.

As, workplace bullying poses a serious threat to health care workers, health care organizations and societies as a whole, its prevention demands the attention of public health professionals and social scientists. Efforts should be given to find out the entire prevalence, related antecedents and consequences of workplace bullying among the health care professionals. Therefore, it is of great interest and worthy of research in this area to predict a greater understanding of the nature and extent of workplace bullying among the health care professionals which might assist to plan an effective strategies to reduce the occurrence of such negative workplace behavior in health sector.

Methodology of the Study

This study was a descriptive cross sectional study. The descriptive method has been chosen due to its versatility across public health disciplines and broad appeal to the administrator and policy analyst for planning, monitoring and evaluation.

The study was carried out in Dhaka Medical College Hospital, Bangladesh Medical College Hospital, Dhaka Shishu Hospital and Uttara Adhunik Hospital which were selected randomly. It was based on the basis of primary data. Data were collected from 140 respondents of randomly selected four hospitals in November 2014. At first department wise placement schedule of indoor doctors and staff nurses has been collected. Then, equal numbers of respondents from each of the hospital were selected randomly following the lottery method. Before data collection, a pre-tested semi structured questionnaire was developed. Pre testing was done on a convenience sample of 15 respondents of other than selected area for checking the wording sequence, length and appropriateness of the questionnaire.

The questionnaire contained twenty types of bullying behaviors and the respondents were asked to indicate whether they had persistently or intermittently subjected to any of these behaviors in their workplace. The questionnaire also included questions on the socio-demographic characteristics of the respondents as well as the length of service, working department and job designation. The final section of the questionnaire asked for the consequences of the workplace bullying as well as some coping strategies. Data collection was done through face to face interview.

Voluntary participation of the respondents as well as the privacy and confidentiality of their information was strictly maintained. Due importance was given on ethical aspect. Purpose of the study was explained to the respondents before the interview. Then an informed consent was taken from each of the respondent. After getting the permission data collection was proceeded.

SPSS version 16 was used to analyze the data. Chi-square test was done with 0.05 level of statistical significance to find out the possible link of workplace bullying behavior to socio-demographic and job related factors. Findings were presented in narrative form with tables and graphs. Data analysis and completion of report writing was continued up to January 2015.

Findings

Mean age of the respondents was 30 ± 7.1 years. Majority of them were Muslims (77.9%) working as medical officer (30.7 %), intern doctor/post graduate trainee (22.1%), junior staff nurse (14.3%) and senior staff nurse (32.9%). Seventy percent (70%) of the respondents were female.

Table I. Demographic characteristics of the respondents

Demographic characteristics	Frequencies	Percentage (%)
Age (yrs)		
21-25 years	47	33.6
26-30 years	36	25.7
31-35 years	28	20.0
36-40 years	20	14.3
>40 years	9	6.4
*Mean age = (30 ± 7.1) years		
Religion		
Islam	109	77.9
Hinduism	31	22.1
Sex		
Female	98	70.0
Male	42	30.0

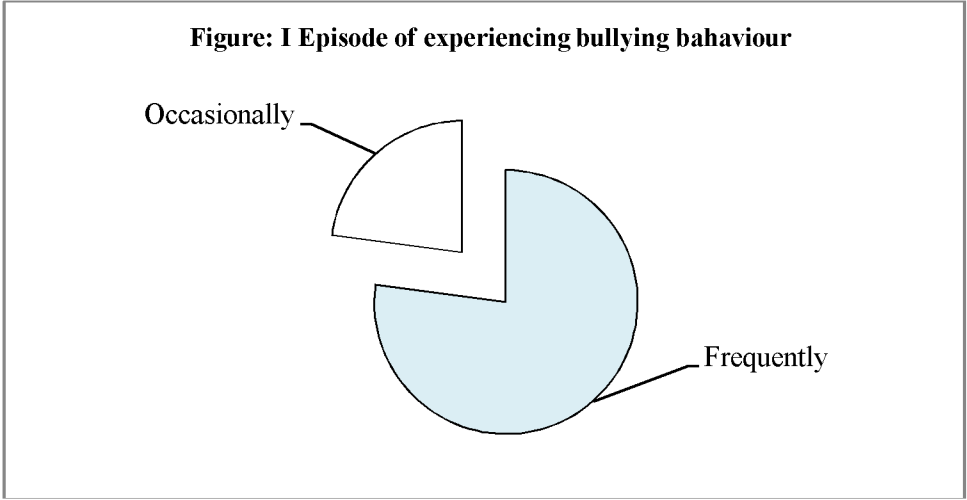
42.9% respondents were working in surgery department followed by medicine department and gynecology & obstetric department (32.1% and 15.7% respectively) while very few (5.7%) were working in pediatrics department. Majority (53.6%) of the respondent's length of service was below 5 years.

Table II. Job related factors of the respondents

Job related factors	Frequencies	Percentage (%)
Designation		
Medical officer	43	30.7
Intern doctor/post graduate trainee	30	21.4
Junior staff nurse	21	15.0
Senior staff nurse	46	32.9
Working department		
Medicine	45	32.1
Surgery	60	42.9
Gynecology & obstetric	22	15.7
Pediatric	8	5.7
Ophthalmology	5	3.6
Length of service		
1-5 years	75	53.6
6-10 years	56	40.0
>10 years	9	6.4

*Mean length of service = (5.6 ±3.4) years

The results indicate that of the 140 respondents participating in the research, 77.1% had frequently been exposed to one or more types of bullying behavior and 22.9% had occasionally been bullied in their workplace.



The most common type of workplace bullying experienced by the respondents was tough use of discipline (48.6%) followed by unreasonable refusal of application for leave and promotion (37.9%). Thirty four percent (34.3%) respondents reported experiencing removal of areas of responsibility without consultation very frequently. The proportion of undue pressure to produce work and persistent attempt to humiliate in front of colleagues was 32.9% and 32.1% respectively. Persistent and unjustified criticism and monitoring (29.3%) was another type of bullying behavior frequently reported by the respondents.

In contrast, an overwhelming majority (89.3%) of them told that they had never encountered any verbal aggression and shouting in the workplace. Likewise, the result also showed that only 2.1% respondents experienced physical violence and meddling with office property (5.7%).

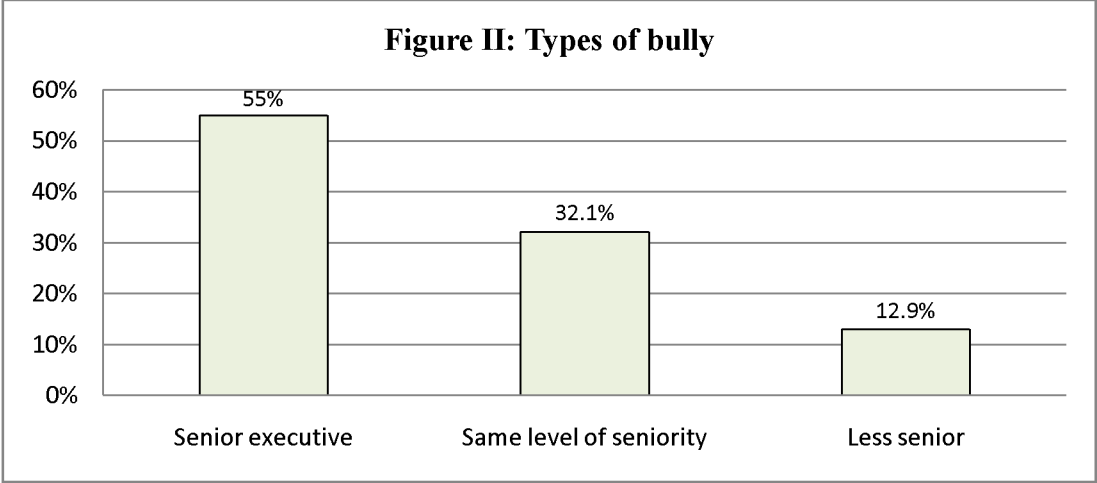
Table III. Prevalence of workplace bullying

Type of workplace bullying	*Percentage (%)
Tough use of discipline	48.6
Unreasonable refusal of application for leave or promotion	37.9
Removal of areas of responsibility without consultation	34.3
Undue pressure to produce work	32.9
Persistent attempt to humiliate in front of colleagues	32.1
Persistent and unjustified criticism and monitoring	29.3
Withholding necessary information	27.1
Constant undervaluing of work	25.7
Settings of impossible deadlines	25.0
Persistent identifying mistakes and discussing it in public	24.3
Discrimination on grounds of gender	23.6
Making inappropriate jokes	22.9
Persistent attempt to undermine or demoralize	22.1
Undermining personal integrity	22.1
Verbal aggression and shouting	19.3
Persistent teasing	17.1
Excluding or isolating publicly	15.0
Creating a feeling of uselessness	10.7
Meddling with office property	5.7
Physical violence	2.1
** Average percentage of workplace bullying	24%

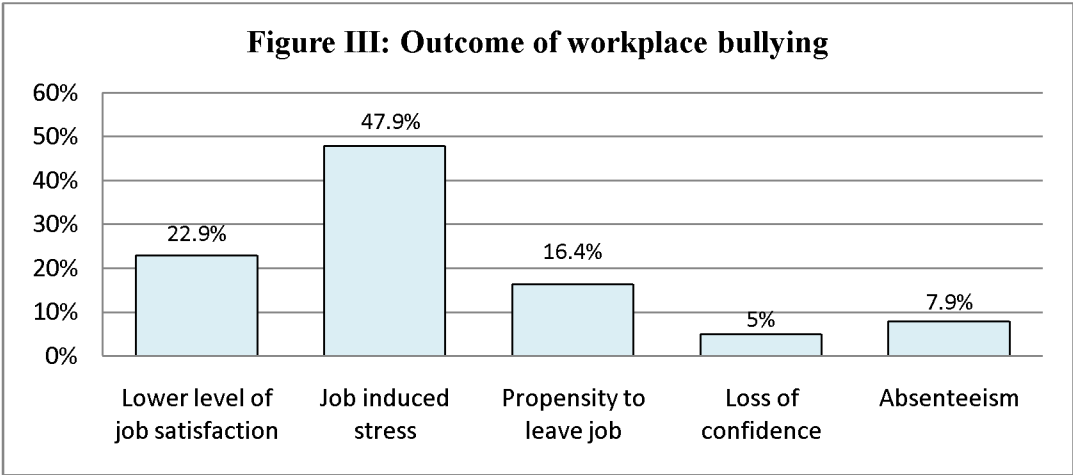
* Respondents reported more than one type of bullying behavior
** Average percentage has been calculated by dividing the sum of all of the percentages by the number of statements listed as bullying behaviors

The most common bully was a senior executive (55%), although in 32.1% cases it was someone of the same level of seniority as the victim and in 12.9% cases it was someone less senior. In 58% cases the bully was the same sex as the victim and in 42% cases it was someone of the opposite

sex. 59% bully was older than the victim and 24% was younger. In 17% cases both parties were of similar age.



Respondents who had experienced more than one type of bullying in their workplace reported lower level of job satisfaction (22.9%). Additionally they had higher level of job induced stress (47.9%) and propensity to leave the job (16.4%).



Relationship between bullying behavior and socio-demographic factors was examined by χ^2 test. Analysis revealed that nurses were reporting significantly higher events of work place bullying as compared with physicians. Nurses portrayed a high risk of being a target of persistent attempt to humiliate in front of colleagues, unreasonable refusal of application for leave or promotion, constant undervaluing of work, removal of areas of responsibility without consultation and settings of impossible deadlines ($p<0.05$ for all) in their place of work.

Table IV. Association between bullying behavior and job designation

Bullying behavior	Designation		χ^2	df	p-value
	Doctors (n =73)	Nurses (n = 67)			
Undermining personal integrity					
Yes	8 (11.0)*	23 (34.3)	11.067	1	0.001
No	65 (89.0)	44 (65.7)			
Discrimination on grounds of gender					
Yes	10 (13.7)	23 (34.3)	8.253	1	0.004
No	63 (86.3)	44 (65.7)			

* Figures in the parentheses indicate corresponding %

A significantly higher proportion of work place bullying was also associated with other predisposing factors like gender and length of service. Women reported greater risk of becoming a bullying target for unreasonable refusal of application for leave or promotion and removal of areas of responsibility without consultation which were statistically significant (p<0.05 for all).

Table V. Association between bullying behavior and sex

		Sex				
Bullying behavior		Male (n = 42)	Female (n = 98)	χ^2	df	p-value
Undue pressure to produce work						
Yes		6 (14.3)*	40 (40.8)	9.380	1	0.002
No		36 (85.7)	58 (59.2)			
Persistent attempt to humiliate in front of colleagues						
Yes	6 (14.3)	39 (39.8)		8.772	1	0.003
No	36 (85.7)	59 (60.2)				
Constant undervaluing of work						
Yes		3 (7.1)	33 (33.7)	10.833	1	0.001
No		39 (92.9)	65 (66.3)			

* Figures in the parentheses indicate corresponding %

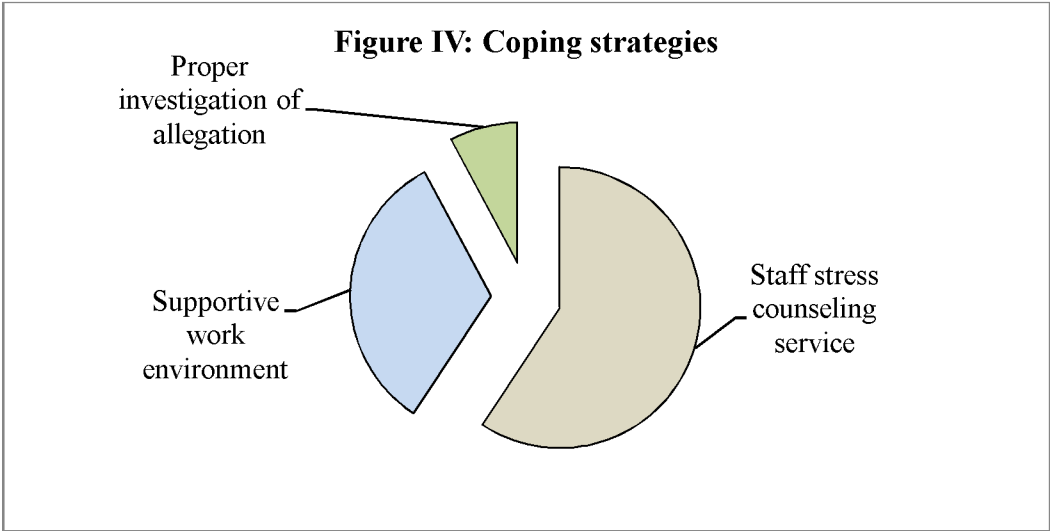
Analysis also indicated that higher level of work place bullying was significantly associated with length of service (<5 years). Conversely, working department was not found statistically significant regarding this issue.

Table VI. Association between bullying behavior and length of service

Bullying behavior	Length of service		χ^2	df	p-value
	Up to 5 years (n =75)	> 5 years (n = 65)			
Tough use of discipline					
Yes	45 (60.0)*	23 (35.4)	8.446	1	0.004
No	30 (40.0)	42 (64.6)			

* Figures in the parentheses indicate corresponding %

Majority of the respondents (59.2%) gave emphasis on staff stress counseling service as a coping strategy. According to their view, stress and loss of confidence weaken a person’s ability to cope with workplace bullying or make them more likely to perceive other people’s behavior as hostile and critical. A supportive work environment (32.8%) could protect employees from the harmful effects of bullying. They also suggested to create an effective system for dealing with interpersonal conflict and proper investigation of allegation (7.8%).



Discussion

In the present study the prevalence of workplace bullying among health care professionals is slightly lower in comparison to the study conducted by BMJ (1998) and Esfahani (2014) where respectively 38% and 31% health care workers reported experiencing one or more types of bullying behavior. This study also reveals that the most common bullying behaviors experienced by the health care professionals are tough use of discipline followed by unreasonable refusal of application for leave and promotion and removal of areas of responsibility without consultation. The study findings of BMJ (1998) also showed that most frequently reported bullying behaviors reported by the health care workers were shifting the goal posts, withholding necessary information and undue pressure to produce work. Workplace bullying emerges as even more among female and young workers. This is comparable to the study of Montes (2013) and Vessey (2009). These results are also supported by more studies on workplace bullying (Johnson, 2009) where workers who had been working for 2-5 years had the highest average bullying intensity and frequency. The highest levels of bullying were reported on the surgical unit and in the hospital room while the lowest levels of bullying were found on the ICU and medical units in Rosenstein's (2005) study. These findings differ from the current study where no unit wise difference is found. Rosenstein (2005) also found that perpetrators of bullying included senior executives and physicians. Workers experiencing frequent bullying behavior suffer from job dissatisfaction has been revealed in Montes's study. Above findings are also similar with the current study findings. Finally, it seems accurate to say that the present work provides reasonable evidence that could be of significant benefit to reduce the wide levels of workplace bullying by adjusting certain working conditions and facilitating harmonious social relationships among healthcare workers.

Conclusion

Significant proportions of healthcare professionals are subjected to one or more types of bullying in their workplace. This study attempted to find out this pervasive problem by revealing the prevalence and potential consequences of bullying in the health sector. The experience of workplace bullying differs among doctors and nurses. There is a relationship between workplace bullying with sex, job designation and length of service. Bullying behavior is linked to lower level of job satisfaction and job induced stress. So, further research needs to be done to understand the contributing factors and multiple antecedents of workplace bullying to address and deal with this problem accurately in the health sector.

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