

Workplace Bullying Among Nurses and Its Impact on The Quality Of Healthcare and Patient Safety at Tertiary Care Hospitals of KPK

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Abstract

Background: Workplace bullying is a widespread matter in clinical settings, characterized by methodical, targeted, wrong communication, and destructive behaviour by one or more individuals on the way to a particular person. This phenomenon poses a significant concern as it can have adverse effects on both individuals and the overall clinical work environment. **Objective:** The purpose is to evaluate workplace bullying amongst nurses and its influence on health care settings and patient care and safety at KPK's tertiary care hospitals. **Methodology:** A descriptive Cross-sectional study was conducted at a tertiary care hospital with 100 nurses. Random sampling techniques were used and shared through WhatsApp groups with different organizations (through system-generated questionnaires) surveyed. **Result:** The majority of nurses strongly agree that workplace bullying significantly increases stress levels (60%) and has a destructive impact on performance (27%). Additionally, concerning trends show potential risks to patient safety, with 40% agreeing that bullying leads to delays in care and an increased likelihood of medical errors. 65% strongly agree that workplace bullying detrimentally affects their mental health. Furthermore, concerns about patient safety emerge, as 41% acknowledge an increased risk of unfavourable outcomes or patient mortality associated with workplace bullying. **Conclusions:** The study concludes that workplace bullying among nurses is strongly associated with increased stress levels, impaired performance, and potential risks to patient safety. Urgent interventions are warranted to address these issues, highlighting the critical need to prioritize the well-being of healthcare professionals for the overall enhancement of patient care.

Key words. *Workplace Bullying, Nurses, Impact, Quality of Healthcare, Patient Safety, Tertiary Care Hospitals*

Introduction:

Bullying is a harmonious pattern of abuse from others that causes physical or emotional damage. It can include actions such as verbal, nonverbal, psychological, and physical abuse, as well as embarrassment [1]. Bullying in the clinical area is a kind of 'workplace worry' that occurs in the form of methodical, targeted, wrong communication, and destructive behaviour by one or more individuals on the way to a particular person [2]. To clarify the concept of bullying among nurses and its impact on job and patient care is to highlight a persistent issue that can have fundamental consequences for both healthcare professionals and the quality of patient care [3]. Researchers may investigate how bullying influences teamwork, communication, and collaboration among healthcare professionals. A toxic work environment can hinder collaboration, potentially compromising patient safety and care outcomes [4]. Bullying in any setting is a serious issue, and, unfortunately, it can happen even in professions focused on helping others. Addressing it requires a collective effort from both individuals and institutions. Creating awareness, fostering a culture of respect, and having clear policies can all contribute to positive change. the seriousness of bullying as a highlighted and destructive behavior that needs to accept that

for what it is. It also underscores the significant of addressing and avoiding bullying within nursing professions and healthcare system [5].

Workplace violence is constant in the nursing profession and causes a severe problem affecting patient care quality and organizational outcomes. The issue regarding the prevalence of spells and acts of violence directed at nurses and other workers in the workplace. This includes both violence among colleagues and incidents involving patients or visitors are distressing for the nurses on the clinical side and have disruptive effects on hospital resources. This observation is consistent with various research studies that point to the significant challenges and negative consequences associated with workplace violence in healthcare settings. [6]

The (WHO) recognized the worldwide increase in workplace violence and bullying as a serious trouble to nurses' health and well-being; Reducing occupational violence has been determined as a preference by the WHO, representing the demand for comprehensive strategies and interventions (Humayun et al., 2021). Violence in clinical areas is created when an employee experiences negative behavior for a persistent period, that makes them feel incapable of defending themselves. The negative behaviours e.g. criticism of personal characteristics, gossip, isolating individuals, constant underestimation of achievements, irrelevant expectations, warnings, and making inappropriate comments, can significantly and deeply affect a person both personally and professionally. the behaviours are personal, or linked with the workplace, both can create a hostile environment that adversely affects job performance and patient safety. [7]. The civil environment is one of the most important segments of professionalism in clinical areas. The World Health Organization (WHO) has determined the worldwide gain in workplace bullying as a serious indicator of nurses' health and well-being; To notice the need for decreasing job-related violence as a priority [7].

The observation of a high number of attacks and acts of violence among workers in the workplace is certainly a serious issue that is clear from many research studies and analysis that the condition is damaging for the workers, and health resources. The point of union in international studies is that there are more victims of workplace psychological violence than other types of violence and harassment [2, 5]. American Nurses Association Bullying in any profession is a serious problem, but collaboration can have even more significant consequences in Healthcare, where collaboration is critical. Addressing nurse bullying is essential for the nurses' well-being and for maintaining a healthy and effective healthcare environment [8].

The influence on job satisfaction is evident, as nurses who experience bullying often feel discouraged and unsatisfactory due to a hostile work environment that can lead to a decrease in motivation and desire to continue their jobs. Furthermore, most nurses desire to leave the profession. Overall, there is a worrying tendency to contribute to the ongoing nursing shortage [9]. Here are some recommendations that improve emotional well-being through education and training of nurses who suffer from bullying, which further improve patient care and safety and increase staff retention in clinical areas for the smooth functioning of the hospital setting [10]. We can conclude that work towards raising a supportive workplace culture. Furthermore, it recognizes how bullying affects patient care evaluation and the importance of addressing this issue to check optimal healthcare outcomes and patient safety [11, 12].

Methodology:

The research site included nursing staff in a tertiary care hospital in Pakistan K.P. Questionnaires were created via Google form and shared with various nursing colleges via a link through WhatsApp groups and email of central Hospital Saidu Sharif Swat, MARDAN Medical Complex MARDAN, Qazi Hussain Ahmad Medical Complex Nowshera, Lady Reading Hospital, Khyber Teaching Hospital, Hayatabad Medical Complex Peshawar, Ayub teaching hospital Abbottabad, Mufti Mehmood Memorial Teaching Hospital MTI Dera Ismail khan, Khalifa Gul Nawaz Teaching Hospital Banno. This included

only nursing staff whose experience is more than six months and who have a specific speciality in the nursing field. Nursing staff from different areas working at the teaching hospital KPK were invited to participate and included requests to fill out the adopted questionnaires, and to explore bullying among nurses working in clinical areas and its impact on the job, as well as the negative effect on the quality of patient care and retention of nursing staff at clinical areas tertiary care hospital K.P.

Moreover, the study revealed the relationship between workplace bullying and its impact on jobs and patients. They assumed questionnaires from the study earlier done in Saudi Arabia. This was a 15-item questionnaire to evaluate workplace mistreatment among nurses and its influence on the excellence of healthcare and patient safety. A Rou soft calculator was operated to determine the sample size a Confidence Interval of 95% with a sample size of 100. The questionnaires used for collecting data consist of two sections: the first section contains Demographics. Participant data e.g., name, sex, age, job status, level of education, experience, and range of bullying, etc., remaining part contains Likert scale questions related to bullying among nurses and its impact on job and patient care. The final score is converted to a percentage. A questionnaire having 12 points experiences was sent to the staff nurses and asked to mark each item according to their experiences in workplace bullying through a WPB scale to which they strongly agree =1, agree =2, disagree=3, strongly disagree=4, and neither= 5, Subsequent that, participants were asked if they had experienced in each of the 15 facts while giving services to patients categorizing the extant and prevalence of bullying in clinical areas. Third, to determine the level of bullying observed or experienced by the nurses and its impact on their emotional and physical health and retention while providing services and interventional strategies for quality care and well-being of staff nurses.

Furthermore, percentages were calculated for each score and reliability. A pilot study was conducted on 10% of the sample size, and the calculated Cronbach alpha is 0.96. The information was analysed by using the latest version of SPSS software. Percentages and Frequencies were used to define sociodemographic features and individual questionnaire statements.

Result:

One hundred nurses completed the questionnaire, including (87.2%) male and (93.6%) female nurses in tertiary care hospitals in government, semi-government, and private settings. Most participants had more than three years of experience and had worked in different units for years (44.7%). The level of education of engaged nurses in the hospital Bachelor's degree (45.7%), RN-BSN degree (44.7%), and Master's degree (55.3%) were working under MTI fixed pay was (60.6%), MTI regular (11.7%), Ad hoc (27.7%) and only (6%) job status is public service commission. Nurses were assigned to specific wards according to their speciality. The exposure of nurses to bullying is mostly in critical units because the environment is too stressful, and that stress can lead to mental and physical exhaustion of staff nurses, further affecting patient care (Revealed in Table 1)

Demographic information of the participants n=100

Variables		Frequency (%)
Gender	Male	82 (82)
	Female	18 (18)
Age	<30	80 (80.0)
	≥30	20 (20.0)
Working Experience in the year	One year	26 (26)
	Two years	26 (26)
	Above tree year	42 (42)
Race	Pashtun	45 (45)
	Panjabi	49 (49)
	Chitrali	6 (6.0)

Working title	Nursing director	22 (22)
	Assistant director	36 (36)
	Head nurse	13(13)
	Charge nurse	29 (29)
Current job status	MTI Fix pay	57 (57)
	MTI regular	11 (11)
	Ad hoc	26 (26)
	Commission	6 (6.0)
Level of education	Bachelor's degree	43 (43)
	Master degree	9 (9)
	RN-BSN degree	42 (42)
Working institution	Government sector	57 (57)
	Semi-government sector	11 (11)
	Private sector	26 (26)
Speciality After 4 th year nursing	Gynae	19 (19)
	Psychiatry	4 (4)
	Intensive care unit	22 (22)
	Cardiac care unit	12 (12)
	Emergency	10 (10)
	Orthopedic	4 (4)
	Other	23 (23)

Table 2 provides insights into the prevalence of workplace bullying among nurses and its consequential impact on the quality of healthcare and patient safety. The responses, ranging from "Strongly Disagree" to "Strongly Agree," reveal significant trends. A substantial majority, 60%, strongly agree that bullying at work contributes to heightened stress levels, while 27% agree that it has a destructive impact on their performance. 40% of respondents who agree with the statement acknowledge worker communication issues. Moreover, 44% feel that bullying alters their way of thinking or focusing, potentially affecting patient care. Alarming, 40% agree that bullying leads to delays in care provision, and an equal percentage believe it may result in more medical errors. The table also highlights the impact on mental health, with 65% strongly agreeing that workplace bullying has a detrimental effect. Patient-related consequences are apparent, with 47% agreeing that bullying raises patient complaints and 41% recognizing an increased risk of unfavorable outcomes or patient mortality.

Table 2: Workplace Bullying Among Nurses and Its Impact on The Quality Of Healthcare And Patient Safety

Statement	Strongly disagree	disagree	Neutral	agree	Strongly agree
Bullying at work makes me more stressed out.	2%	5%	3%	30%	60%
Bullying at work has a destructive impact on my performance.	10%	8%	15%	40%	27%
Bullying at work causes communication issues among workers.	27%	13%	20%	19%	21%
Bullying at work changes my way of thinking or focusing.	5%	4%	10%	37%	44%
Bullying at work causes delays in the provision of care.	8%	10%	15%	27%	40%
Bullying at work may lead to more medical errors.	7%	8%	5%	40%	40%
Bullying at work has a detrimental effect on my mental health.	0%	2%	7%	26%	65%

Bullying at work raises patient complaints.	15%	13%	12%	13%	47%
Bullying at work reduces self-confidence.	33%	25%	11%	21%	10%
Bullying at work may cause more patient falls.	25%	24%	9%	21%	21%
Bullying at work has a detrimental impact on my physical health.	11%	9%	5%	45%	30%
Bullying at work increases the risk of unfavorable outcomes or patient mortality.	7%	5%	8%	39%	41%
Bullying at work makes me unhappy with my job	2%	1%	3%	28%	66%
Workplace bullying makes me consider changing my work.	3%	2%	1%	31%	63%
Bullying at work makes me want to stay home instead of go to work.	5%	11%	9%	20%	55%

Discussion

"While workplace bullying is pervasive across various sectors, its prevalence is notably higher within healthcare societies. Storz (2020) asserts that bullying behaviours, mainly directed at nursing staff, are exacerbated by the intentional imposition of burdens, often appearing from an imbalance in the nurse-patient ratio. This inequality in workload, coupled with findings from Yildirim (2009) and Ruggeri et al. (2020), reveals that the misuse of power by nursing directors, head nurses, and supervisors is a significant source of workplace bullying in healthcare settings. In this study, the primary source of bullying was the misuse of power (43.6%) by nursing directors, head nurses, and supervisors. Furthermore, the utmost workplace bullying practiced by nurses is spoken as a personal attack, involves the Human Resources department, and creates a conflict instead of a resolution. The head nurse and nursing director's misuse of power was insulting and uncivilly around others [2, 9].

The present study result shows that the substantial majority, 60%, strongly agree that bullying at work contributes to heightened stress levels. At the same time, another study shows that 63% strongly agree that bullying at work contributes to heightened stress levels [13]. The current findings revealed that 27% agree that bullying has a destructive impact on their performance. In this regard, another study found that 27.3% agree that bullying has a destructive impact on their performance [13]. Workplace bullying affects clinicians and patient care continuity. It provides a risk not just for mistakes or poor treatment but also for the high rate of employee turnover among seasoned and less experienced staff members [14, 15].

Our findings show that 40% of respondents who agree with the statement acknowledge worker communication issues. In contrast, another study shows that 56.5% strongly agreed that workplace bullying causes communication issues among workers [13]. The current finding shows that 47% agree that bullying raises patient complaints. Another study found that 50.7% strongly agreed that bullying raises patient complaints [13]. Patient outcomes and healthcare delivery are significantly impacted by patient happiness, which is essential to the quality of care [16].

The current study findings show that 40% agree that bullying leads to more medical negligence. While another study found that 56.3% strongly agreed that bullying leads to more medical errors [13]. Medical errors are unavoidable and can have disastrous significance for the patient, the attending physician, the nursing staff, and the facility [17, 18].

The other research findings illustrate that 65% strongly agree that workplace bullying harms their mental health. In comparison, another study shows that 53% agree that workplace bullying has a damaging effect on their mental health [13].

Furthermore, our findings reveal alarming statistics: 11% of nurses choose to leave the profession, while 27% struggle to collaborate within a team due to the highly stressful work environment. The repercussions of workplace bullying extend beyond individual well-being to encompass the continuity of job and patient care. This poses risks not only in relationships of faults and inadequate care but also in the form of a high turnover rate, impacting both qualified and innocent staff [7].

Supporting our findings, a collective voice from nurses across various healthcare facilities, as noted by Al Omar et al. (2019), emphasizes the negative impact of workplace bullying on job, performance, patient care, and staff retention. To address this pervasive issue, Yosep et al. (2022) propose several strategies for handling incidents in the future. Recommendations include documenting behaviour, practising healthy conflict resolution, finding role models, maintaining self-awareness, improving communication skills, and providing sufficient education to prevent workplace bullying [19].

To create a positive and peaceful work environment conducive to improving patient care, it is imperative to implement proactive measures. Key recommendations emerge based on insights from numerous articles and research studies. The first crucial step is acknowledging the issue, requiring training, and formulating policies addressing workplace bullying. Timely recognition and a collective responsibility to create a positive work environment are paramount. Secondly, organizations must establish safe spaces with a zero-tolerance policy for workplace bullying. This ensures that nurses feel supported and are encouraged to discuss incidents openly. Thirdly, detecting behaviour and understanding its impact on the work environment is essential. Shedding light on detrimental habits paves the way for improvement. Open dialogue serves as the linchpin for initiating the conflict resolution process [20, 21].

Strengths of the study

This study on workplace bullying among nurses in KPK's tertiary care hospitals exhibits several notable strengths. Its relevance and significance lie in addressing a pressing issue within the healthcare sector, recognizing the direct impact of healthcare professionals' well-being on patient care and safety. The comprehensive assessment of stress levels, performance, mental health, and potential risks to patient safety provides a holistic understanding of the multifaceted consequences of workplace bullying.

Limitations

The cross-sectional design limits the ability to establish causation or explore the long-term effects of workplace bullying, emphasizing the need for future longitudinal studies. Furthermore, while the sample size is appropriate for the study's context, the generalizability of findings to other healthcare settings or regions may be constrained by cultural and organizational differences.

Conclusion

The study concludes that workplace bullying among nurses is strongly associated with increased stress levels, impaired performance, and potential risks to patient safety. Urgent interventions are warranted to address these issues, highlighting the critical need to prioritize the well-being of healthcare professionals for the overall enhancement of patient care.

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