

# Workplace bullying in nursing: The case of Azerbaijan province, Iran

Ali NasrEsfahani<sup>1</sup>, Gholamreza Shahbazi<sup>1</sup>

## ABSTRACT

**Background:** Workplace bullying is a significant issue confronting the nursing profession both in Iran and internationally. This study examined workplace bullying among a group of Iranian nurses.

**Materials and Methods:** The prevalence rate of bullying behavior among nurses was determined. Data were collected from 162 nurses who worked in four hospitals located in West Azerbaijan province, Iran.

**Results:** Results showed that only 9% of nurses who participated in this study had frequently been exposed to bullying behavior, 22% had occasionally been bullied, and 69% had never been exposed to these behaviors during the last year. The most common type of workplace bullying experienced by nurses was verbal bullying. Forty percent of the nurses reported exposure to verbal bullying behavior frequently or occasionally.

**Conclusions:** To be able to intervene with bullying behavior in the workplace, there is a need to pay greater attention to the problem by the entire range of managers, lawyers, industrial–organizational psychologists, counselors, social workers, and local authorities.

**Key words:** Iran, nursing, workplace bullying

## INTRODUCTION

In recent years, workplace bullying has become an important, interesting, and popular topic for many organizational behavior researchers and a large number of popular as well as academic books and articles have been published in many countries throughout the world, such as Canada,<sup>[1]</sup> the USA,<sup>[2]</sup> the UK,<sup>[3,4]</sup> Denmark,<sup>[5]</sup> Norway,<sup>[6,7]</sup> Turkey,<sup>[8]</sup> India,<sup>[9]</sup> and Australia.<sup>[10,11]</sup> However, when it comes to defining “workplace bullying,” there is no simple definition that encompasses all the various dimensions of this phenomenon, although one popular definition suggests that “workplace bullying is a repeated physical, psychological, or sexual abuse, harassment, or hostility within workplaces and consists of behavior that is known, or ought to be known, to be offensive, or unwelcome.”<sup>[1]</sup> Thus, a bully is an individual who repeatedly causes negative reactions in the targets (the so-called victims) of his or her behaviors.<sup>[12]</sup> Although superiors, colleagues, or even subordinates and clients can bully others,<sup>[10,13-16]</sup> previous research has shown that superiors are the typical perpetrators.<sup>[1,17]</sup> Besides bully and victim, other players of this unpleasant incident

include bystanders or witnesses, other family or friends, organization, and society.<sup>[11,18,19]</sup>

Whereas this phenomenon is usually referred to as workplace bullying, it was initially called “mobbing” when it was first termed in the 1970s by a Norwegian researcher Olweus.<sup>[20]</sup> Later on, in the 1980s, a Swedish psychologist Heinz Leymann, and in the early 1990s, a UK journalist Andrea Adams (1992) began to study this phenomenon in Sweden and the UK<sup>[21-24]</sup> and then, this concept spread to other countries during the late 1990s. A review of the bullying literature reveals that several expressions such as silent epidemic,<sup>[25,26]</sup> harassment,<sup>[26,27]</sup> lateral or horizontal violence,<sup>[23]</sup> and incivility<sup>[28]</sup> are used to explain this phenomenon. Moreover, different terms are used around the world to describe the workplace bullying, such as “mobbing” (in France and Germany), “harassment” (in Finland), and “aggression” and “emotional abuse” (in the USA); also, the term “workplace bullying” is used primarily in Australia, the UK, and northern Europe.<sup>[29]</sup>

Several studies to date have focused upon the identification of the consequences of workplace bullying. Prior studies show that workplace bullying affects negatively the target, the bystanders or witnesses, organization, and even the bully.<sup>[18]</sup> Bullying has a range of negative emotional, psychological, and physical effects on the targets. These effects include anxiety, depression, and stress,<sup>[11,26,30,31]</sup>

<sup>1</sup>Department of Management, University of Isfahan, Isfahan, Iran

**Address for correspondence:** Mr. Gholamreza Shahbazi, Department of Management, University of Isfahan, Iran. E-mail: Gholamreza.Shahbazi21@yahoo.com

sleep problems such as insomnia and nightmare,<sup>[30,32]</sup> headache, blood pressure, and sweating or shaking,<sup>[33,34]</sup> or even suicide in extreme cases.<sup>[35,36]</sup> The negative impacts of workplace bullying can also extend to the bully itself,<sup>[18]</sup> the organizational bystanders or witnesses,<sup>[13,37]</sup> the target's family and friends,<sup>[18,33]</sup> the organization,<sup>[38-40]</sup> and eventually the society as a whole.<sup>[41,42]</sup>

Unfortunately, bullying at work seems to be a phenomenon that is prevalent in many organizations, and one of the worrisome issues facing organizations throughout the world is the occurrence of bullying amongst employees. In the preceding years, a large number of studies have been published on workplace bullying and violent behaviors in a variety of professions, such as among schoolteachers,<sup>[43,44]</sup> prison officers,<sup>[45]</sup> general employees,<sup>[5,16,46]</sup> and even constabulary employees.<sup>[37]</sup> Workplace bullying has also widely been discussed in the field of nursing.<sup>[31,47]</sup>

In the nursing workplace, reports show that all types of workplace bullying are prevalent. For instance, in a seminal research, Cox<sup>[48]</sup> reported that nearly 97% of nurses have been exposed to verbal violence. Rosenstein and O'Daniel<sup>[49]</sup> reported that in their hospital survey, 72% of nurses who participated reported witnessing disrupted behavior (i.e. any inappropriate behavior, confrontation, or conflict ranging from verbal abuse to physical and sexual harassment) perpetrated by other nurses. Recently, Yildirim<sup>[31]</sup> carried out a study to explore the prevalence rate of workplace bullying amongst 286 Turkish nurses. She found that 21% of nurses who participated in her study had been exposed to workplace bullying during the last 12 months. More recently, in a study of 447 Jordanian nurses, prevalence of verbal and physical abuse was 37.1% and 18.3%, respectively.<sup>[50]</sup> Some other systematic surveys of bullying and abusive behaviors conducted in nursing workplaces confirm the prevalence and seriousness of the problem that is summarized in Table 1.

An important conclusion can be drawn from Table 1, that is, nurses of all the countries shown in the table experience high rates of workplace bullying and other abusive behaviors. Many of these nurses may suffer from mental, emotional, psychological, and even physical problems that have, in turn, negative impact on the organizations they work for.

Nurses in Iran make up a significant portion of the employees in the healthcare system. In Iran, modern nursing was introduced by the American missionaries,<sup>[64]</sup> who established Iran's first nursing school in Tabriz in 1916.<sup>[65]</sup> They initiated medical services for local residents and trained a number of natives in the care of patients in hospitals.<sup>[64]</sup> In 1943, the Iranian Nursing Association (INA)

was established by a group of Iranian nurses who were educated abroad and returned to the country.<sup>[66]</sup> In 1952, for the first time, the Ministry of Health established the nursing division as a part of its structure and now, after many years, the Iranian Nursing Organization (INO) has got the legal responsibility to represent all nurses in all sectors of nursing from 2002.<sup>[67]</sup>

From a managerial perspective, over the past years, very little research has been carried out in Iran on the human resource management in the nursing sector. In the authors' opinion, this is a major omission in managing the healthcare system. Since 1980, there has not been any position within the Iranian healthcare organizations that is assigned the responsibility of the management of human resources.<sup>[68]</sup> Therefore, more research is needed to generate a greater understanding of the nature and extent of the organizational problems such as deviant behaviors of employees.

As stated above, workplace bullying is a reality in many of today's organizations. There are very few organizations that can consider themselves bully-free.<sup>[12]</sup> It is also known that workplace bullying is particularly prevalent in the nursing setup.<sup>[50,63,69]</sup> Accordingly, it is easy to guess that bullying occurs in many Iranian organizations, particularly within nursing sector. But workplace bullying is a new topic in Iran and little research has been done in Iran on this phenomenon. To the knowledge of the authors, yet no study in Iran has examined the prevalence of workplace bullying in the field of nursing. All in all, little is known about this phenomenon in

**Table 1: Prevalence of workplace bullying in the nursing sector**

Year	Authors	Country	Prevalence
1994	Graydon <i>et al.</i> <sup>[51]</sup>	Canada	33% during the last 5 days
1996	Niedl <sup>[52]</sup>	Austria	26.6% during a week
1998	Einarsen <i>et al.</i> <sup>[53]</sup>	Norway	20% during the working career
1999	Quine <sup>[54]</sup>	UK	38% during the last year
2000	RCN <sup>[55]</sup>	UK	49%, 2-6 times during the last year
2001	Quine <sup>[56]</sup>	UK	44% during the last 12 months
2004	Eriksen and Einarsen <sup>[57]</sup>	Norway	10.2% and 4.3% during the last 6 months <sup>2</sup>
2004	Rutherford and Rissel <sup>[58]</sup>	Australia	50% during the last 12 months
2006	Lipley <sup>[55]</sup>	UK	25% during the last year
2006	Simons <sup>[59]</sup>	USA	31% during the working career
2007	Celik <i>et al.</i> <sup>[60]</sup>	Turkey	91.1% and 33% <sup>3</sup>
2007	Yildirim and Yildirim <sup>[61]</sup>	Turkey	86.5% at least once during the last 12 months
2007	Curtis <i>et al.</i> <sup>[62]</sup>	Australia	57% during the course of training <sup>4</sup>
2008	Ozturk <i>et al.</i> <sup>[63]</sup>	Turkey	One-fifth during the working career

<sup>1</sup>This article presents the survey results on bullying at work published by the Royal College of Nursing (RCN) in February 2006, <sup>2</sup>Men and women, respectively, <sup>3</sup>Verbal and physical abuse, respectively, <sup>4</sup>Conducted among nursing students

Iran. In line with these arguments, the current study aims to determine the prevalence rate of workplace bullying among a sample of nurses who worked in Iranian hospitals.

## MATERIALS AND METHODS

The data were collected from 162 nurses of four Iranian hospitals located in West Azerbaijan province. Participants were selected by employing a random sampling method. To achieve the purposes of the study, approximately 200 questionnaires were distributed. Overall, 162 questionnaires were returned, giving a response rate of 81%.

To measure the nurses' perception of bullying in the hospital, a 16-item researcher-made questionnaire was used. Participants were asked to mark the frequency in which they had encountered the items listed as bullying behaviors in the workplace in the last year. The measure included four sets of items: Verbal bullying, nonverbal bullying, practical bullying, and performance-related bullying (adapted from Oade, 2009).<sup>[33]</sup> The items were evaluated on a 3-point Likert-type scale from 0 (never) to 1 (occasionally) and to 3 (frequently). Internal consistency reliability was 0.92 for the verbal bullying scale, 0.94 for the nonverbal bullying scale, 0.90 for the practical bullying scale, and 0.96 for the performance-related bullying scale. The questionnaire used in this study also included questions on the demographic characteristics of the respondents, such as gender, age, length of service, and educational level.

The Statistical Package for Social Sciences (SPSS) version 18 (PASW) was used to analyze the data from the questionnaire. In order to achieve the purposes of the study, descriptive statistical methods were used.

### Ethical considerations

All nurses who participated in this study consented to participate in the research. This study was also approved by the hospital directors and head nurses of the staff nurses who participated in this study.

## RESULTS

Table 2 shows the sample profile of this study. Of the 162 nurses who participated in the study, 17% were males and 83% were females. The mean age of these nurses was 32.8 years. Except for a few nurses who did not disclose their education (4%), it was observed that 74% of nurses were undergraduates and 22% of them had a post-graduation degree.

As shown in Table 3, the results indicate that of the 162 nurses participating in the research, 69% had never been exposed to

workplace bullying, 9% was frequently bullied, and 22% was occasionally bullied during the last year. The most common type of workplace bullying experienced by nurses was verbal bullying; 40% of the nurses reported exposure to verbal bullying behavior frequently or occasionally. In contrast, an overwhelming majority (83%) of the nurses reported that they had never encountered practical bullying. Likewise, the results show that 11% of the nurses experienced practical bullying occasionally and only 6% experienced this type of bullying frequently. Moreover, the prevalence of nonverbal and performance-related bullying (occasionally or frequently) was 34% and 31%, respectively.

## DISCUSSION

Nowadays, we are moving toward a global understanding that workplace bullying poses a serious threat to workers, organizations, and societies as a whole. Bullying is present in all sectors of work and in all types of organizations,<sup>[12]</sup> and nobody can consider him/herself safe from bullying. Bullying also seems to be a great problem among nurses. The accurate extent of bullying and other types of this behavior such as harassment, abusive behaviors, violence, aggression, and so forth in the workplace is unknown, but it may be true that these negative behaviors have the potential to affect negatively most workers during the course of their working career.

On a review of the literature of bullying at nursing place of work, it can be concluded that bullying has a broad range of negative and detrimental emotional, psychological, mental, physiological, and physical effects on targeted nurses as well as bystanders of this behavior,<sup>[28,30,61]</sup> which in turn have negative impacts on organizations.<sup>[50]</sup> However, given the importance of recognizing workplace bullying, few studies have considered this phenomenon in the nursing setup in Iran.

This article presents the first study on the professional-ethical dilemma of workplace bullying in the field of nursing in Iran. This study adds to the growing literature on workplace bullying by investigating the prevalence rate of bullying among nurses, employing a sample of the Iranian nurses. The findings of this study suggest that workplace bullying is a relatively prevalent behavior in Iran's hospitals and among nurses. Based on a sample of 162 Iranian nurses, the researchers concluded that approximately one-third of nurses who participated in this study reported being bullied in the job during the previous year. A comparison between findings of this study and the literature shows similar conclusions have frequently been reached in similar studies in other countries; that is, nurses portray a high risk of being a target of bullying in their place of work.

**Table 2: Participants' characteristics**

Gender			Age, years			Education			Length of service					
Male	27	17%	25-30	51	31%	Undergraduate	120	74%	1-5	42	26%			
			31-35	79	49%				6-10	84	52%			
			36-40	18	11%				11-15	21	13%			
Female	135	83%	41-45	11	7%	Postgraduate	36	22%	16-20	13	8%			
			46-50	2	1%				Others <sup>1</sup>	6	4%	21-25	1	<1%
			51-55	1	<1%				26-30	1	<1%			

<sup>1</sup>Participants who did not disclose their education level or did not have any university degree

**Table 3: Prevalence of bullying among the Iranian nurses (%)**

Items	Never	Occasionally	Frequently
Verbal bullying	60	30	10
Calling by insulting names	70	20	10
Using verbal aggression, shouting, or swearing while speaking	49	41	10
Making verbally abusive comments or remarks	49	40	11
Identifying my mistakes and discussing it in public	70	19	11
Nonverbal bullying	66	24	10
Laughing at what I say	61	31	8
Repeatedly adopting a threatening posture	71	17	12
Repeatedly glaring at me when speaking with others	60	32	8
Repeatedly staring at me when speaking with others	70	18	12
Practical bullying	83	11	6
Meddling with my personal possessions or office property	89	11	0
Removing my folders or files	78	12	10
Using practical jokes	86	13	1
Receiving nasty or insulting messages or e-mails	79	10	11
Performance-related bullying	69	23	8
Criticism of performance or workplace conduct	39	40	21
Applying onerous or petty work to set me up to fail	72	17	11
Withholding information that I need to be able to perform effectively in the workplace	87	13	0
Arranging meetings at a time that is unworkable for me	77	23	0
Total	69	22	9

Overall, the findings of this study demonstrate that the prevalence rate of workplace bullying among nurses was not very high or at a worrisome level. However, this result shows that workplace bullying is a reality in nurses' place of work in Iran.

It should be noted that workplace bullying is an inevitable reality of workplace in today's world, especially in the nursing profession.<sup>[70]</sup> Nurses form an important part of the healthcare system, just like physicians, radiologists, midwives, and accountants of a hospital. Without the nurses' endeavors necessary to implement strategic plans of the hospitals, they will never meet their goals and objectives. However, negative and deviant behaviors, such as workplace bullying, pose a risk and may create an atmosphere that will negatively affect the organization. Those nurses who had been bullied during the last year had a higher risk of physical, mental, emotional, and psychological health problems; thus, appropriate actions must be taken to prevent or minimize bullying in the nursing setup.

### Limitations

There were two particular limitations to this study that should be kept in mind. First, the participants in this study were all from West Azerbaijan province hospitals. These may represent a unique subset of the broader Iranian hospital nurses population, and it is unclear to what extent these findings may be generalized to the country as a whole. Second, demographic variables such as age, education level, position level, organizational tenure, gender, and religious preference have not been linked to the perception of bullying among participants.

A further limitation of this study is that it relied exclusively on self-report measures; future research should make use of other sources of data such as behavioral observations.

### CONCLUSION

Managing bullying in organizations, especially in nursing sector, involves three related levels of investigation. First, managers need to know the extent of bullying behaviors among their staff in order to provide information for risk assessment. This study has attempted to answer this question by revealing the prevalence and potential risks of bullying in the nursing sector of Iran. Second, they have to identify the victims and perpetrators of this phenomenon.

Bullying is a phenomenon involving at least three social actors, each of whom takes actions in response to the others: Bullies, who bully their colleagues; victims, who are exposed to bullying behaviors; and witnesses, who observe the bullying behavior. Third, managers will need to understand the real causes of workplace bullying. Only by understanding the root causes and antecedents of workplace bullying, it will become possible for the managers to address this problem. Causes of workplace bullying have been a hot issue of debate among researchers. It should be noted that bullying is a complex phenomenon and there tend to be many causes and antecedents for this behavior in the places of work.<sup>[71]</sup> It is also likely that several antecedents (individual, social, and organizational) together contribute to the development of bullying at workplace.

As a final summary statement, what this study has to offer is that workplace bullying affects negatively thousands of employees in many large and small organizations each year. It is on the increase and more and more people witness it, are exposed to it, and are affected negatively by it in all sectors of work and in all types of organizations. So, to be able to intervene with bullying behavior in the workplace, there is a need for paying greater attention to the problem by of the entire range of managers, lawyers, industrial-organizational psychologists, counselors, social workers, and local authorities.

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