

THE RELATIONSHIP BETWEEN BULLYING AT WORKPLACE WITH PSYCHOLOGICAL AND SPIRITUAL WELL BEING OF NURSES

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ABSTRACT

Bullying is the threatening factor in hospital environment for nurses' health and wellbeing. Current research was administered with the aim of studying the relationship between bullying in hospital with psychological and spiritual well being among nurses. Research method was correlation and statistical population was the nurses of Yazd hospitals, among them 299 persons were selected using accessible sampling method. Data gathering instruments were the future made questionnaires which reliability and validity of them verified, including bullying questionnaire, psychological well being questionnaire and spiritual questionnaire. Results revealed that there is significant relationship between bullying (contempt and despising, angry and revengefulness, neglect, verbal persecution, threatening and unconventional work stress) with psychological well being and spiritual well being (personal, communal, environmental and transcendental). Also the results of regression analysis revealed that verbal persecution and unconventional work stress have significant predictive power for prediction of psychological well being, unconventional work stress have significant predictive power for prediction of personal spiritual well being and threatening have significant predictive power for prediction of environmental spiritual well being. The results of current research showed that bullying of co-workers and supervisors at hospital setting could expose the nurses' psychological well being and relatively their spiritual well being with problem.

Keywords: Bullying, Psychological, Spiritual, Well being, Nurses, Iran.

1. INTROUDUCTION

Bullying is one of the phenomena in relation to nurses that have been regarded by many researchers in recent years. Research evidences show that many nurses in hospital environments face bullying by colleagues, clients and supervisors (Bowie *et al.*, 2005; Heames and Harvey, 2006; Bandow and Hunter, 2008; Branch *et al.*, 2008; Altman, 2009). Researches conducted in America and England indicates an increased incidence of bullying behavior and aggression such as verbal conflict, damaging office equipments or physical conflict (Matthiesen and Einarsen, 2007; Kauppinen and Tuomola, 2008; Meglich, 2008). Bullying in hospital environments can be seen in different forms such as verbal bullying, physical bullying, and psychological bullying (Bandow

and Hunter, 2008; Branch *et al.*, 2008; Altman, 2009). Significant research evidences show that bullying causes many welfare and health problems in individuals. Worry, anger, irritation, anxiety, depression, suicidal tendency, and the use of illegal and harmful drugs are the most common consequences which are reported (Olafsson and Johannsdottir, 2004; Djurkovic *et al.*, 2006; Griffin-Smith and Gross, 2006). This study is focused on mental and spiritual well-being as outcome variables for bullying.

Health is a multidimensional concept which in addition to sickness absence it contains a feeling of happiness and well-being (Law *et al.*, 2011). Following the appearance of various theories and positive movements which in mental well-being focus on features and the development of individual abilities, researchers gradually use the term 'well-being' instead of 'mental health' (Golparvar and Ahmadi, 2012). In a simple definition, it can be said that psychological well-being is a sense of life satisfaction with the experience of positive emotions about self and the world around (Golparvar and Ahmadi, 2012). The results of previous researches show that when bullying increases in hospital environments, the probability of increased feeling of anxiety and depression will significantly increase. In contrast, when individuals experience peace, respect, and friendly attention, with a feeling of confidence about themselves, their level of physical and mental stress will decrease and the feeling of well-being will increase (Olafsson and Johannsdottir, 2004; Bowie *et al.*, 2005; Djurkovic *et al.*, 2006; Griffin-Smith and Gross, 2006; Heames and Harvey, 2006; Bandow and Hunter, 2008; Branch *et al.*, 2008; Altman, 2009). Another dimension of well-being is spiritual well-being.

In their four-component model about spiritual well-being, Gomez and Fisher (Gomez and Fisher, 2012) have introduced this structure based on inner positive emotions from a link between human and self, others, nature, and the God and also in four dimensions of personal, communal, environmental, and transcendental well-being. According to previous researches spiritual well-being presence can reinforce individuals' psychological functioning and adaptability. In previous researches a significant relationship has been reported between spiritual well-being and variables such as depression, self-esteem, intrinsic religious orientation, emotional well-being, life satisfaction, emotional instability, mood confusion, and mental pressure (Gomez and Fisher, 2012). It is predicted that when there is a significant relationship between spiritual well-being and psychological well-being (Gomez and Fisher, 2012), there should also be a relationship between bullying in hospital environments and spiritual well-being. In many researches it has been expressed that there is a relationship between bullying and well-being in individuals.

In a study done by Maarit and Vartia (2001) in terms of well-being indicators, both individuals who have been targeted by bullying and those who are watching bullying are in an inappropriate situation (Maarit and Vartia, 2001). In another study, it has been shown that aggression and bullying of colleagues simultaneously cause attenuation in individuals' emotional well-being (LeBlanc and Kelloway, 2002). In a study about nurses, Speedy showed that nurses who are being targeted by bullying will leave their hospital more than others and they will

encounter post-traumatic stress disorder (PTSD), premature death, suicide, domestic violence, cigarette overdose, drinking excessive alcohol, overeating, and losing their relationship with others (Speedy, 2006). These results have been considerably repeated in further researches (Glaso *et al.*, 2009; Upton, 2010; Razzaghian and Shah, 2011; Vie *et al.*, 2011). According to what has been mentioned before, as it is necessary to pay more attention to the role of bullying and violence on nurses and hospital's health and well-being in Iranians hospitals and also there have been rarely researches about the relationship between bullying and nurses' health and well-being, the main purpose of this study was to determine the relationship between bullying in hospital environment and nurses' mental and spiritual well-being.

2. METHODOLOGY

2.1. Participants

Research method of current study is descriptive correlation, and 299 nurses selected via convenient sampling from the nurses working in public sector hospitals in Yazd city for the purpose of investigating the relationships between bullying at workplace components (contempt and despising, angry and revengefulness, neglect, verbal persecution, threatening and unconventional work stress) as a predictor variable and psychological and spiritual well being (personal, communal, environmental and transcendental) as a criterion variables. Nurses aged 24 to 52 years old ($M= 32.19$ and $SD= 6.45$), and their tenure oscillated from 1 to 30 ($M= 9.44$ and $SD= 6.75$).

2.2. Instruments

Research instruments included four questionnaires: Demographic characteristics questionnaire including age, sex, work tenure and educational level, self report spiritual well being questionnaire containing four subscales (personal, communal, environmental and transcendental spiritual well being) prepared by Gomez and Fisher (2012), which translated and validated by Golparvar and Ahmadi (2012), psychological well being self report questionnaire prepared by Golparvar (2012), and bullying at workplace self report questionnaire, containing six components and 30 items (contempt and despising, angry and revengefulness, neglect, verbal persecution, threatening and unconventional work stress) prepared by Golparvar *et al.* (2012).

2.2.1. Spiritual Well Being Questionnaire

Spiritual well being questionnaire has 20 items and four subscales which responded in a 5-point Likert scale (very low=1 to very high=5). The psychometric properties (validity and reliability) of this questionnaire have already been studied and confirmed by Golparvar and Ahmadi (2012) in Iran. In order to confirm the validity of spiritual well being questionnaire, in addition to face and content validities, factorial construct validity of this questionnaire were studied through exploratory factor analysis (EFA) by Golparvar and Ahmadi (2012). The results

of exploratory factor analysis yielded four subscales of personal, communal, environmental and transcendental in Iran and the Cronbach,s alpha of the above mentioned four subscales were .91, .9, .92 and .9 respectively (Golparvar and Ahmadi, 2012). In current research, Cronbach,s alpha of the components of spiritual well being questionnaire are .89, .88, .93 and .95 respectively.

2.2.2. Psychological Well Being Questionnaire

Psychological well being questionnaire has 10 items which responded in a 5-point Likert scale (very low=1 to very high=5). Validity and reliability of this scale have already been studied by Golparvar (2012) in Iranian workplaces. The results of exploratory factor analysis yielded a one factor solution in Iran and the Cronbach,s alpha was .83 (Golparvar, 2012). In current research, Cronbach,s alpha of this questionnaire is .95.

2.2.3. Bullying at Workplace Questionnaire

Bullying at workplace questionnaire has 30 items and six subscales which responded in a 5-point Likert scale (Never=1, Sometimes=2, Monthly=3, Weekly=4 to Daily=5), whose validity and reliability of this have already been studied and confirmed by Golparvar *et al.* (2012) in Iran. Golparvar *et al.* in order to confirm the validity of bullying at workplace questionnaire, conducted exploratory factor analysis (EFA). The results of exploratory factor analysis yielded six subscales of contempt and despising, angry and revengefulness, neglect, verbal persecution, threatening and unconventional work stress and the Cronbach,s alpha of the above mentioned six subscales were .83, .8, .79, .76, .7 and .78 respectively (Golparvar *et al.*, 2012). In current study, Cronbach,s alpha of the components of bullying at workplace questionnaire are .7, .79, .72, .81, .78 and .84 respectively.

3. RESULTS

The findings of current investigation revealed that 42.5% of the participants were in the age group of up to 30 years, 36.8% in the age group of 31-40 years, 9.7% in 41 years and above age group, and 11% unspecified age. Also results showed that 52.3% of nurses' sample group was in the tenure group of up to 10 years, 29.4% in the tenure group of 11-20 years, 5.4% in 21 years and above tenure group, and 12% unspecified tenure. With regard to participants' gender, 87.3% were females 5% were males, and 7.7% unspecified gender. With regard to participants' educational level, 4.6% have extra diploma, 85% have BA and MS, and 7.7% unspecified educational level.

The results of descriptive analysis showed that the mean and standard deviation of research variables and their components were as follows: contempt and despising 1.69 (SD=.65), angry and revengefulness 1.59 (SD=.63), neglect 1.5 (SD=.61), verbal persecution 1.76 (SD=.72), threatening 1.24 (SD=.47), unconventional work stress 1.77 (SD=.74), psychological well being 2.52 (SD= .91), personal spiritual well being 2.46 (SD= .84), communal spiritual well being 3

(SD= .88), environmental spiritual well being 2.37 (SD= .95), and transcendental spiritual well being 3.19 (SD= 1.07). The minimum and maximum scores of research variables on the basis of dividing the research variables scores on the number of items in each component ranged from 1 to 5.

Pearson correlation coefficient between five components of bullying at workplace (contempt and despising, angry and revengefulness, neglect, verbal persecution, and unconventional work stress) and psychological well-being were -.16 to -.23 ($p < .001$), but there is not significant relationship between threatening and psychological well being ($p > .05$). Also Pearson correlation coefficient between bullying at workplace components and spiritual well-being components were -.11 to -.24 ($p < .05$ or $p < .001$). Despite, there are not significant relationships between threatening with personal and environmental spiritual well being, and between contempt and despising, angry and revengefulness, neglect, verbal persecution, and un-conventional work stress with transcendental spiritual well being.

Table-1. Results of regression analysis for prediction of psychological well being through bullying at workplace components (the numbers in table)

	b	β	<i>p</i>
Contempt and despising	-.02	-.01	.87
Angry and revengefulness	.05	.04	.67
Neglect	-.01	-.01	.92
Verbal persecution	-.22	-.18	.03
Threatening	.2	.1	.14
Unconventional work stress	-.24	-.2	.01
R ²		.077	
F		4.06, $p < .001$	

Among six components of bullying at workplace, verbal persecution ($\beta = -.18$, $p < .05$) and unconventional work stress ($\beta = -.2$, $p \leq .01$) can predict psychological well being respectively and explained 7.7% of psychological well being variance [Table 1].

Among six components of bullying at workplace, unconventional work stress ($\beta = -.19$, $p < .05$) can predict personal spiritual well being and explained 6.3% variance of this components of spiritual well being [Table 2]. As it can be seen in Table 2, among six components of bullying at workplace none of them cannot predict communal and transcendental spiritual well being. But among six components of bullying at workplace, threatening ($\beta = .2$, $p < .01$) can predict environmental spiritual well being and explained 5.8% variance of this components of spiritual well being [Table 2].

Table-2. Results of regression analysis for prediction of spiritual well being components through bullying at workplace components

	b	β	p
Personal spiritual well being			
Contempt and despising	-.04	-.03	.71
Angry and revengefulness	-.09	-.06	.44
Neglect	-.06	-.04	.6
Verbal persecution	.04	.03	.72
Threatening	.07	.04	.58
Unconventional work stress	-.22	-.19	.02
R (R ²)	.251 (.063)		
F (p)	3.27 _(5, 293) (p<.001)		
Communal spiritual well being			
Contempt and despising	-.15	-.11	.18
Angry and revengefulness	.02	.01	.85
Neglect	-.06	-.04	.6
Verbal persecution	-.001	-.001	.99
Threatening	-.18	-.1	.17
Unconventional work stress	-.06	-.05	.56
R (R ²)	.229 (.053)		
F (p)	2.7 _(5, 293) (p<.05)		
Environmental spiritual well being			
Contempt and despising	-.04	-.03	.75
Angry and revengefulness	.01	.01	.95
Neglect	-.08	-.05	.5
Verbal persecution	.15	.11	.18
Threatening	.4	.2	.006
Unconventional work stress	-.2	-.15	.06
R (R ²)	.241 (.058)		
F (p)	3 _(5, 293) (p<.01)		
Transcendental spiritual well being			
Contempt and despising	.07	.04	.62
Angry and revengefulness	.02	.12	.16
Neglect	-.07	-.04	.61
Verbal persecution	-.14	-.09	.28
Threatening	-.23	-.1	.16
Unconventional work stress	-.08	-.06	.5
R (R ²)	.157 (.025)		
F (p)	1.23 _(5, 293) (p>.05)		

4. DISCUSSION

Findings of this study showed that there is a negative relationship between components of bullying such as insult and humiliation, anger and malice, neglect, verbal abuse, non-conventional working pressure, and nurses' mental well-being. Totally, findings of this part of study largely are aligned with other researchers reported findings (Bowie *et al.*, 2005; Heames and Harvey, 2006; Matthiesen and Einarsen, 2007; Bandow and Hunter, 2008; Kauppinen and Tuomola, 2008) which revealed that bullying is an attenuation factor for psychological well-being of individuals and nurses. The reason that there is a relationship between bullying and nurses' psychological

well-being is that this phenomenon either obviously (threats and verbal abuse) or secretly (inattention and non-conventional working pressure) threatens mental and social nature of nurses. In a risky environment that individuals' value and respect is being raped and abused, individuals undoubtedly cannot experience a sense of psychological well-being (LeBlanc and Kelloway, 2002; Speedy, 2006; Glaso *et al.*, 2009; Upton, 2010; Razzaghian and Shah, 2011; Vie *et al.*, 2011). The regression analyses results of this study showed that of all components of bullying, verbal abuse and non-conventional working pressure are the most threatening factors of bullying for nurses' psychological well-being. These results represent that ridiculing and offending nurses in everyday conversation along with assigning duties beyond their time capacity and capability will lead to the reduction of nurses' psychological well-being (Glaso *et al.*, 2009; Upton, 2010; Razzaghian and Shah, 2011).

The results of this study about the relationship between bullying and components of spiritual well-being showed that there is a significant correlation between insult and humiliation, anger and malice, neglect, verbal abuse, non-conventional working pressure and human flourish, insult and humiliation, anger and malice, neglect, verbal abuse, non-conventional working pressure and personal spiritual well-being, insult and humiliation, anger and malice, neglect, verbal abuse, non-conventional working pressure and environmental spiritual well-being, and finally between threat and transcendental spiritual well-being (table 2). The regression analyses results also showed that from six components of bullying in hospital environment, non-conventional working pressure is the anticipant of personal spiritual well-being and threat is the anticipant of environmental spiritual well-being. But none of six components of bullying can predict communal and transcendental spiritual well-being.

For this part of findings there was not a similar study, even in other countries, to talk about the alignment of our findings and theirs. Nevertheless, we can theoretically provide explanations about the roles have been obtained in regression analyses for some components of bullying. Primarily, inability to predict communal and transcendental spiritual well-being through none of bullying components is more likely implies that these two dimensions of spiritual well-being have partial immunity against bullying. It means that when nurses are being targeted by bullying, they will not be affected in dimensions of their communal and transcendental spiritual well-being. In this study, the role of non-conventional working pressure for personal spiritual well-being and the role of threat for environmental spiritual well-being primarily indicate the importance of these two dimensions of bullying in the workplace of nurses. It seems quite logical that when individuals are under intentional hindrance pressure through non-conventional duties and affairs, because of gradually experiencing burnout and inability to overcome problems, they cannot focus on their own personal spiritual well-being and thereby the context of attenuating their personal spiritual well-being will be prepared. This issue will also happen through the role of threat for environmental spiritual well-being. Thus, when obvious and hidden threats target nurses who are on the verge of burnout through non-conventional working pressure, with the increased level of

their worry and working and common anxiety, spiritually, there will not remain an opportunity and power for an individual to pay more attention to the nature.

Based on findings of this study, it is recommended to establish a system for receiving information about bullying cases and then a commission or a group for investigating and supervising bullying behaviors in hospitals in order to prevent the distribution of the culture of bullying behaviors which threatens nurses' well-being.

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