

## Original Research Article

# Factors Associated with Workplace Bullying Incidents on Nurses at the Banda Aceh City General Hospital

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**Abstract:** Workplace bullying is a psychological problem often experienced by nurses, which negatively impacts individuals and organizations. This research aims to determine the factors associated with the workplace bullying incidence experienced by nurses in Banda Aceh City. A cross-sectional study design was used and the samples were obtained by total sampling on 196 nurses. The results of the chi-square test showed that the factors related to the incidence of workplace bullying include age = 0.001, service year = 0.000, position = 0.001, and organizational climate = 0.000. Meanwhile, the results of the multivariate analysis indicated that organizational climate was the most significant factor concerning this problem with an OR value of 3.483. These results are expected to aid the hospital management in the improvement of the existing organizational climate by creating anti-bullying policies in the workplace.

**Keywords:** Bullying, Violence, Workplace, Nurses, Healthcare, Management.

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## INTRODUCTION

Negative actions, including bullying and intent to harm, are common in the workplace (Rai & Agarwal, 2017). Although individuals and organizations are yet to give much attention to this problem, bullying has become a phenomenon used in the world of work (Hidayati, 2016). Verbal violence, insults, sarcasm, threats, ostracism, harsh criticism, missing opportunities, hiding information, and interfering in personal affairs are frequent bullying examples in the work environment (Shangar & Yazdanifard, 2014).

Johnson, (2015) suggests that workplace bullying is related to occupational groups and work types, hence an employee in the service sector is at a greater risk of experiencing this phenomenon compared to a person who works in research and production. This claim is supported by the Occupational Safety and Health Administration (OSHA) in the 2016 Joint Commission, which states that approximately 75% of the 25,000 workplace violence was reported predominantly in health care settings. Nursing is a profession with a high level of workplace bullying because most individuals interact with nurses as they access health services. This is proof that workplace

bullying among nurses has a negative impact on patient care and the entire community (Johnson, 2018).

In Indonesia, research on bullying has been widely conducted in school or adolescent settings but not in the workplace (Silviandari & Helmi, 2018). Consequently, investigations on workplace bullying among nurses in the hospital setting are extremely rare, especially in Aceh, which is an Indonesian province that tends to pay little attention to this problem. Therefore, this research aims to determine the factors associated with the incidence of workplace bullying among nurses at the Banda Aceh City General Hospital.

## METHOD

This is a cross-sectional quantitative research conducted between October 6 and 27, 2020, where a total sampling technique was used on 196 nurses at the Meuraxa Regional General Hospital. Measurement of workplace bullying was performed with the Negative Act Questionnaire-Revised NAQ-R by Einarsen. Also, assessment of authoritarian and the laissez-faire leadership style was evaluated using the leadership questionnaire by Mirja, while the measurement of organizational climate was conducted with the

Organizational Climate Questionnaire (OCQ) by Stinger and Litwin. This research was approved by the Research Ethics Committee of the Faculty of Nursing, Syiah Kuala University. Data analysis was executed with the (a) univariate analysis with frequency distribution, (b) bivariate analysis with chi-square test,

and (c) multivariate analysis with multiple logistic regression.

## RESULT

### Univariate Analysis

**Table-1: Factors of Bullying in the Workplace**

Individual Factor	Frequency (n)	Percentage (%)
<b>Age</b>		
Young Adults (18-40 Years Old)	180	91.8
Middle Adult (41-60 Years Old)	16	8.2
<b>Gender</b>		
Male	57	29.1
Female	139	70.9
<b>Education Level</b>		
Vocational	130	66.3
Nurse	66	33.7
<b>Years of service</b>		
Junior (<5 Years)	152	77.6
Senior (>5 Years)	44	22.4
<b>Position</b>		
Manager Nurse	13	6.6
Implementing Nurse	183	93.4
<b>Marital status</b>		
Single	44	22.4
Married	152	77.6
<b>Authoritarian Leadership Style</b>		
Strong	111	56.6
Weak	85	43.4
<b>Laissez-faire Leadership Style</b>		
Strong	76	38.8
Weak	120	61.2
<b>Organizational Climate</b>		
Poorly	103	52.6
Good	93	47.4

Of the 192 respondents, 53.1% experienced bullying, 91.8%, 70.9%, and 77.6% were young adults/18-40 years, female, and married, respectively. Also, 93.4%, 66.3%, 52.6%, and 53.6% had breastfeeding positions, vocational education, poor organizational climate, and junior years of service/<5

years, while 56.6%, and 61.2% used strong authoritarian and laissez leadership styles, respectively.

### Bivariate Analysis

The relationship between the independent variable and the incidence of workplace bullying at the Banda Aceh City General Hospital was analyzed using the chi-square test in the following table:

**Table-2: Factor relationship with the incidence of bullying in the workplace**

Variable	Bullying		P-Value
	High	Low	
<b>Gender</b>			
Female	74 (53.2%)	65 (46.8%)	0.938
Male	30 (52.6%)	27 (47.4%)	
<b>Age</b>			
Young Adult	102 (56.7%)	78 (43.3%)	0.001
Middle Adult	2 (12.5%)	14 (87.5)	
<b>Education Level</b>			
Vocational	72 (55.4%)	58 (44.6%)	0.360
Nurse	32 (48.5%)	34 (51.5%)	

Variable	Bullying		P-Value
	High	Low	
<b>Years of service</b>			
Junior (<5 Years)	93 (61.2)	59 (38.8)	0.000
Senior (>5 Years)	11 (25%)	33 (75%)	
<b>Position</b>			
Manager Nurse	1 (7.7%)	12 (92.3%)	0.001
Implementing Nurse	103 (56.3%)	80 (43.7%)	
<b>Marital status</b>			
Single	30 (68.2%)	14 (31.8%)	0.236
Married	74 (48.7%)	78 (51.3%)	
<b>Authoritarian Leadership Style</b>			
Weak	41 (48.2%)	44 (51.8%)	0.236
Strong	63 (56.8%)	48 (43.2%)	
<b>Gaya Kepemimpinan Laissez Faire</b>			
Weak	59 (49.2%)	61 (50.8%)	0.170
Strong	45 (59.2%)	31 (40.8%)	
<b>Iklim Organisasi</b>			
Good	68 (66%)	35 (34%)	0.000
Poorly	36 (52.3%)	57 (61.3%)	

Table 2 shows that the variables with p value <0.05 included age (p = 0.001), years of service (p = 0.000), position (p = 0.001), marital status (p = 0.033), and organizational climate (p = 0.001).

Therefore, these variables have a significant relationship with the incidence of workplace bullying.

Multivariate Analysis

**Table-3: Multivariate Analysis Result of Logistic Regression Model 1**

Variable	P-Value	Exp (B)	95% CI for EXP (B)	
			Lower	Upper
Age	0.446	2.325	0.310	14.389
Years of service	0.057	2.681	0.972	7.395
Marital status	0.298	1.524	0.689	3.371
Position	0.172	0.187	0.017	2.078
Authoritarian Leadership Style	0.443	0.764	0.385	1.519
Laissez Faire Leadership Style	0.321	0.700	0.346	1.416
Organizational Climate	0.000	4.931	2.285	10.642

The results of model 1 show that only seven of the nine factors related to workplace bullying have a p-

value < 0.25. Subsequently, the analysis was reverted to the next model; hence no variable had a p-value > 0.05.

**Table-4: Multivariate Analysis Result of Logistic Regression Model 2**

Variable	P-Value	Exp (B)	95% CI for EXP (B)	
			Lower	Upper
Organizational Climate	0.000	3.483	1.866	6.503

The model 2 results show that only organizational climate of the seven factors has a significant relationship with workplace bullying with p=0.000 and OR=3.483. These findings indicate a 3.483 times greater chance of workplace bullying in poor compared to a good organizational climate for nurses at the Banda Aceh City General Hospital.

improvement in the environment. This is supported by Linde's (2016) and Iftikhar & Qureshi's (2015) research, which stated that the incidence of workplace bullying is influenced by this factor. Hence, this problem can arise if the organization's leadership does not pay attention to this factor.

From the analysis results, there was a relationship between the age factor and the incidence of workplace bullying with p-value = 0.001 and OR value = 9.154. This means there is a significant association between the age of the nurse and this phenomenon, where those that are young have a 9.154 times higher risk of becoming victims. These findings were in line

## DISCUSSION

Organizational climate is the dominant factor associated with the incidence of workplace bullying (P-value 0.000) and OR (3.483). Therefore, this phenomenon is controlled by the organizational climate, where workplace bullying can be handled by an

with Yokoyama *et al.*, (2016), who stated that there is a relationship between these variables. Also, research by Oxenstierna *et al.*, (2012) discovered there is an association, where older workers tend to be perpetrators, while the risk of becoming a victim increases with a decrease in the worker's age.

The gender factor of nurses from the bivariate test results showed that males and females had no significant relationship with the incidence of workplace bullying. This is in line with Nevin & Ertosun's, 2010 research, which states that there is no significant relationship between these variables. Conversely, Zapf & Einarsen, (2011), stated that the incidence of bullying in the workplace is influenced by gender, where bullies tend to be mostly male in higher management positions. However, this is inversely proportional to this research results, where female nurses at the Banda Aceh City General Hospital occupy higher management positions.

Also, the education level factor from the bivariate analysis results showed that there was no significant relationship between the level of education and the incidence of workplace bullying for nurses at the Banda Aceh City General Hospital. This is in line with An & Kang's, (2016) research, which states that there is no significant relationship between these variables. Oxenstierna *et al.*, (2012) obtained contradictory results, which stated that high or low education greatly affects the incidence of workplace bullying, where the education level is inversely proportional to the risk of becoming a victim of workplace bullying and the perpetrators include people with higher degrees. In the results, the division of tasks given to nurses at the Banda Aceh City General Hospital is not in accordance with their education level. Furthermore, degrees are underappreciated in the Nursing Profession, because the division of tasks is determined by the skills possessed by a nurse in the workplace.

The bivariate analysis results show there is a relationship between the tenure factor and the incidence of workplace bullying with a p-value = 0.000 and OR value = 4.729. Therefore, there is a significant relationship between service years and the incidence of workplace bullying, where junior nurses with tenure < 5 years are at a 4.729 times risk of experiencing bullying. This is in line with the research conducted by Yokoyama *et al.*, (2016), which states that nurses at the early stage of their health service jobs are often victims than those that have worked for a long time. In agreement with these findings, Serafin & Czarkowska-Pączek, (2019) stated that there is a relationship between these variables. A person's tenure at work is related to seniority which in turn affects the incidence of workplace bullying, where senior workers are usually the perpetrators for various reasons (Lee *et al.*, 2014). Also, Serafin & Czarkowska-Pączek (2019) stated that senior nurses are less likely to be bullied. Seniority in

the workplace still applies, where older workers have the potential to be bullies while the junior become victims. This is because the perpetrator repeats the oppressive actions he received at the beginning of the work by taking advantage of his status as a senior to control the victim.

Moreover, the results of the bivariate analysis show that there is a relationship between the position factor and the incidence of workplace bullying with the p-value = 0.001 and OR value = 0.065. Hence, there is a significant relationship between these variables, where the implemented nurse is at 0.065 times the risk of experiencing bullying. Johnson & Rea's, (2009) research showed that 50% of respondents experienced bullying by their managers, hence victims have difficulty receiving support to end this problem because management can be interpreted as a source. Nurses involved in bullying may have high levels of self-interest, need for power, personal problems, or psychosocial difficulties (Power *et al.*, 2013). Also, Katrinli *et al.*, (2010) stated that there is a possibility of horizontal bullying in the workplace, where fellow nurses oppress one another to get promotions, task choices, high-performance appraisals, and staff recruitment. The high number of bullying that occurs in experienced, competent, and highly educated nurses shows that this problem can occur throughout their career and not only to new nurses with low education and little work experience (Castronovo *et al.*, 2016). The results of the bivariate analysis showed there was no significant relationship between the authoritarian leadership style factor and the incidence of workplace bullying among nurses at the Banda Aceh City General Hospital. These findings are contrary to the results by Salin & Hoel (2020), which show that there is a relationship between these variables in British workers with a p-value of 0.000, where this leadership style does not always affect the work behavior of standard staff. A research by Snell *et al.*, (2013) in China, stated that many leaders adopted an authoritarian leadership style. However, workers can adjust the relationship between authoritarian subordinates and superiors, as well as have close relationships, similar to a family. Also, the employees are loyal despite negative experiences because they believe it is in their interest.

From the results of the bivariate analysis, the laissez-faire leadership style factor had no significant relationship with the incidence of workplace bullying among nurses at the Banda Aceh City General Hospital. The results are contrary to a research by Ertureten *et al.*, (2013), which shows that there is a relationship between these variables in the UK with a p-value of 0.001. Consequently, leaders who apply the laissez-faire leadership style leave subordinates without direction and supervision, where decisions are left to these individuals, hence leading to new official leaders in the organization. This can result in organization and employee confusion, which in turn triggers conflict.

Also, workers with weak positions and lack of support tend to get more workloads, which eventually lead to bullying if not addressed immediately.

## CONCLUSION

In general, workplace bullying is related to age, tenure, position, and organizational climate. However, the most associated factor is organizational climate, where a bad compared to a good environment leads to workplace bullying. Leaders and policymakers are hoped to build a good and conducive organizational climate, develop anti-bullying policies, hence creating a fun and reassuring workplace.

## REFERENCE

- An, Y., & Kang, J. (2016). Relationship between Organizational Culture and Workplace Bullying among Korean Nurses. *Asian Nursing Research*, 10(3), 234–239. <https://doi.org/10.1016/j.anr.2016.06.004>
- Castronovo, M. A., Pullizzi, A., & Evans, S. K. (2016). Nurse Bullying: A Review and A Proposed Solution. *Nursing Outlook*, 64(3), 208–214. <https://doi.org/10.1016/j.outlook.2015.11.008>
- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. (2011). The Concept of Bullying and Harassment at Work. *Bullying and Harassment in the Workplace*, July 2017, 3–39. <https://doi.org/10.1201/ebk1439804896-3>
- Ertureten, A., Cemalcilar, Z., & Aycan, Z. (2013). The Relationship of Downward Mobbing with Leadership Style and Organizational Attitudes. *Journal of Business Ethics*, 116(1), 205–216. <https://doi.org/10.1007/s10551-012-1468-2>
- Hidayati, L. (2016). Pembulian di tempat kerja dalam konteks asia. *Seminar Nasional Dan Gelar Produk*, 133–142.
- Iftikhar, M., & Qureshi, M. I. (2015). Modeling the Workplace Bullying the Mediator of Workplace Climate-Employee Health Relationship. *Journal of Management Info*, 2(3), 17–25. <https://doi.org/10.31580/jmi.v4i1.27>
- Johnson, S. L. (2015). Workplace bullying prevention: A critical discourse analysis. *Journal of Advanced Nursing*, 71(10), 2384–2392. <https://doi.org/10.1111/jan.12694>
- Johnson, S. L. (2018). Workplace Bullying in the Nursing Profession. In *Special topics and particular occupations, professions and sectors*. [https://doi.org/10.1007/978-981-10-5154-8\\_14-1](https://doi.org/10.1007/978-981-10-5154-8_14-1)
- Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *Journal of Nursing Administration*, 39(2), 84–90. <https://doi.org/10.1097/NNA.0b013e318195a5fc>
- Katrinli, A., Atabay, G., Gunay, G., & Cangarli, B. G. (2010). Nurses' perceptions of individual and organizational political reasons for horizontal peer bullying. *Nursing Ethics*, 17(5), 614–627. <https://doi.org/10.1177/0969733010368748>
- Lee, H. E., Kim, H. R., & Park, J. S. (2014). Work-related risk factors for workplace violence among Korean employees. *Journal of Occupational Health*, 56(1), 12–20. <https://doi.org/10.1539/joh.13-0082-OA>
- Linde, B. (2016). Causes of Workplace Bullying Experience : a Systematic Review and Qualitative Meta-Analysis. *International Conference on Human Resources Management*.
- Nevin, D., & Ertosun, O. G. (2010). The Relationship between Personality and Being Exposed To Workplace Bullying or Mobbing. *Journal of Global Strategic Management*, 1(4), 129–129. <https://doi.org/10.20460/jgsm.2010415845>
- Oxenstierna, G., Elofsson, S., Gjerde, M., Magnusson Hanson, L., & Theorell, T. (2012). Workplace bullying, working environment and health. *Industrial Health*, 50(3), 180–188. <https://doi.org/10.2486/indhealth.MS1300>
- Power, J. L., Brotheridge, C. M., Blenkinsopp, J., Bowes-Sperry, L., Bozionelos, N., Buzády, Z., Chuang, A., Drnevich, D., Garzon-Vico, A., Leighton, C., Madero, S. M., Mak, W. ming, Mathew, R., Monserrat, S. I., Mujtaba, B. G., Olivás-Lujan, M. R., Polycroniou, P., Sprigg, C. A., Axtell, C., ... Nnedumm, A. U. O. (2013). Acceptability of workplace bullying: A comparative study on six continents. *Journal of Business Research*, 66(3), 374–380. <https://doi.org/10.1016/j.jbusres.2011.08.018>
- Rai, A., & Agarwal, U. A. (2017). Linking workplace bullying and work engagement: The mediating role of psychological contract violation. *South Asian Journal of Human Resources Management*, 4(1), 42–71. <https://doi.org/10.1177/2322093717704732>
- Salin, D., & Hoel, H. (2020). Organizational Risk Factors of Workplace Bullying. In *Bullying and Harassment in the Workplace* (pp. 305–329). <https://doi.org/10.1201/9780429462528-11>
- Serafin, L. I., & Czarkowska-Pączek, B. (2019). Prevalence of bullying in the nursing workplace and determinant factors: A nationwide cross-sectional Polish study survey. *BMJ Open*, 9(12), 1–8. <https://doi.org/10.1136/bmjopen-2019-033819>
- Shangar, R. U., & Yazdanifard, R. (2014). Workplace Bullying; Boundary for Employees and Organizational Development. *Double Blind Peer Reviewed International Research Journal*, 14(7).
- Silviandari, I. A., & Helmi, A. F. (2018). Bullying di Tempat Kerja di Indonesia. *Buletin Psikologi*, 26(2), 137. <https://doi.org/10.22146/buletinpsikologi.38028>
- Snell, R. S., Wong, M. M. ling, Chak, A. M. Kuen., & Hui, S. S. Kwan. (2013). Representational predicaments at work: How they are experienced and why they may happen. *Asia Pacific Journal of Management*, 30(1), 251–279.

- <https://doi.org/10.1007/s10490-012-9286-8>
- The Joint Commission. (2016). Bullying has no place in health care. *Quick Safety*, 24, 2–4. [https://www.jointcommission.org/assets/1/23/Quick\\_Safety\\_Issue\\_24\\_June\\_2016.pdf](https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_24_June_2016.pdf)
  - Yokoyama, M., Suzuki, M., Takai, Y., Igarashi, A., Noguchi-Watanabe, M., & Yamamoto-Mitani, N. (2016). Workplace bullying among nurses and their related factors in Japan: a cross-sectional survey. *Journal of Clinical Nursing*, 25(17–18), 2478–2488. <https://doi.org/10.1111/jocn.13270>
  - Zapf, D., & Einarsen, S. (2011). Individual Antecedents of Bullying: Victims and Perpetrators, Bullying and Harassment in The Workplace: Development in Theory, Research, and Practice.

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