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The relationship between perceived competence and perceived workplace bullying among registered nurses: A cross sectional survey

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ABSTRACT

Background: Workplace bullying is one of the most prevalent work-related psychological and physical issues in health care facilities. Workplace bullying has detrimental effects not only on the bullied person/persons but also on health care facilities and care quality and patient safety.

Aims: To examine the prevalence of workplace bullying and the relationship between workplace bullying and perceived competence among Jordanian registered nurses working in private hospitals

Design: A cross-sectional survey study.

Setting: Data were collected from registered nurses working in seven private hospitals in the Capital of Amman.

Participants: Participants were 269 registered nurses who had a minimum of a bachelor degree, passed the hospital's competency nursing examinations, able to read and understand English, and were able and willing to complete the survey.

Methods: The Negative Act Questionnaire-Revised, and Nurse Professional Competence scale were used for data collection. Multiple linear regression analysis was conducted to assess predictors of greater reporting of perceived workplace bullying.

Findings: Almost 43% of the participants perceived themselves to be victims of severe workplace bullying while more than 31% perceived themselves to be victims of occasional workplace bullying. Person-related bullying was the most frequently reported type of workplace bullying followed by work-related bullying. Age, gender, and sum score on Nurse Professional Competence scale explained significant amount of variance in perceived workplace bullying.

Conclusion: The majority of Jordanian nurses working in private hospitals perceive themselves as victims of either occasional or severe workplace bullying. Amongst all related variables, perceived competence is the most significant predictor of perceived workplace bullying.

What is already known about the topic?

- Workplace bullying is one of the most prevalent work-related psychological and physical issues in health care facilities.
- Workplace bullying has detrimental negative effects on bullied person/persons, the healthcare organization, and the quality of care and patient safety.
- Workplace bullying and the factors that may affect nurses' perceptions of it including nurse perceived competence have never been studied among Jordanian registered nurses.

What this paper adds

- Workplace bullying is highly prevalent among Jordanian registered nurses working in the private healthcare sector.
- Person-related bullying is the most prevalent type of workplace bullying among Jordanian registered nurses working in the private health care sector.
- Nurse perceived competence is a significant predictor of perceived workplace bullying.
- Nurse competence should be considered in policies and programs of workplace bullying management.

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1. Introduction

Workplace bullying is an occupational health safety challenge and a significant issue of professional ethics (Edward et al.,2014). Workplace bullying is defined as unfavorable, systematic, repeated, and persistent actions (i.e., over six or more months) directed toward an employee by one or more individuals at the workplace with the aim of offending, humiliating, and undermining this employee (Aleassa and Megdadi, 2014; Giorgi et al., 2016; Hutchinson, 2013). Workplace bullying is a well-documented phenomenon in the nursing profession (Etienne, 2014; Johnson, 2009). Indeed, some studies have reported a higher incidence of workplace bullying among nurses compared with other healthcare providers (e.g., physicians, respiratory therapists) (Arcangeli et al., 2014; Carter et al., 2013; Evans, 2017; Ferrinho et al., 2003).

Workplace bullying in healthcare facilities including bullying of nurses has gained much attention in the last few decades because of its escalating prevalence in these facilities (Arcangeli et al., 2014; Etienne, 2014) and its detrimental negative effects not only on the bullied person/persons but also on the healthcare organization and the quality of care and patient safety. Thus, several international organizations including the Joint Commission have called for reporting workplace bullying and for identifying factors that may contribute to its existence so as to find effective solutions and prevention strategies. Research into workplace bullying among registered nurses has identified many personal (e.g., negative affect, work motivation) and organizational factors (e.g., organizational volatility) that may facilitate or hinder workplace bullying. Nursing competence is a key determinant of the quality of patient care. Limited professional nursing competence has been found to negatively influence patient care outcomes leading to increased patient morbidity (e.g., increased medication errors, nosocomial infection, pressure ulcers, and hospital length of stay) and mortality (Aiken et al., 2017, 2014; Falk et al., 2014; Kendall-Gallagher and Blegen, 2009). Work environment variables (e.g., ethical climate, organizational climate, and practice environment) have been shown to have varying positive or negative relationships with nurses' perceived competence (Kendall-Gallagher and Blegen, 2009; Liu and Aungsuroch, 2018, 2018; Numminen et al., 2015, 2016). Exposure to workplace bullying for instance was found to be positively correlated with nurses' reduced job performance and ability (Berry et al., 2012; Olsen et al., 2017). However, there is a marked lack of studies that quantitatively examined how nursing competence may affect perceived workplace bullying among registered nurses (McDaniel et al., 2015). Additionally, although workplace bullying and its associated factors have been widely studied among Western nurses, they have never been studied among Jordanian registered nurses. Thus, we a conducted a cross-sectional survey study to examine the prevalence of workplace bullying and the relationship between workplace bullying and perceived competence among Jordanian registered nurses working in private hospitals. More specifically, the specific aims of this study were to: (1) explore the prevalence of perceived workplace bullying among Jordanian registered nurses working in private hospitals, (2) investigate the differences in perceived workplace bullying in accordance to nurses' demographic and clinical factors, and (3) examine the relationship between perceived workplace bullying and perceived competence.

2. Literature review

2.1. Definition and dimensions of workplace bullying

Workplace bullying is defined as unfavorable, systematic, repeated, and persistent actions (i.e., over six or more months) directed toward an employee by one or more individuals at the workplace with the aim of offending, humiliating, and undermining this employee (Aleassa and Megdadi, 2014; Giorgi et al., 2016; Hutchinson, 2013). Leymann (1996) further specified that for someone to be classified as a victim of bullying, he/she should be subjected to 2 or more negative act

behaviours on at least a weekly basis over at least six months. Thus, the major distinction between bullying and other types of violence (e.g., lateral violence) is the repetitive, persistent nature of bullying (Einarsen et al., 2009). Workplace bullying could be physical (e.g., physical assault/injury), psychological (e.g., insensitive/rude remarks, verbal abuse), involve social isolation (e.g., withholding information, ignoring a person), or any combination of these forms (Etienne, 2014; Hutchinson, 2013; Hutchinson and Jackson, 2015; Johnson, 2009; Spector et al., 2014).

2.2. Factors affecting workplace bullying

Many organizational and personal characteristics are positively associated with workplace bullying among nurses. Organizational factors include organizational volatility, leadership styles (i.e., authoritative and laissez faire), and the hierarchical nature of workplaces (An and Kang, 2016; Blackstock et al., 2015; Johnson, 2009; Olsen et al., 2017). Further, the lack of autonomy that is characteristic of the nursing profession itself and the high workload/demand among nurses interplay to make workplace bullying a prevalent problem among nurses (Demir and Rodwell, 2012; Olsen et al., 2017). Personal factors include negative affect (Budin et al., 2013; Oh et al., 2016b; Rodwell and Demir, 2012), work motivation (i.e., low motivation) (Budin et al., 2013), and internalized sexism and minimization of self (Purpora et al., 2012). Several other personal and demographic factors have also been found to affect the perceived experience of workplace bullying among nurses including age, sex, job position, nursing role, seniority, educational preparation, and years of experience (Carter et al., 2013; Evans, 2017).

2.3. Consequences of workplace bullying

Workplace bullying among nurses negatively affects nurses' job satisfaction (D'ambra and Andrews, 2014; Purpora and Blegen, 2015), job performance and ability (Olsen et al., 2017), and both physical and psychological health (Berry et al., 2016; Giorgi et al., 2016; Ovayolu et al., 2014; Wright and Khatri, 2015). Further, nurses who reported being victims of workplace bullying were found to have higher intent to leave the healthcare institution or the profession (Clausen et al., 2013; Lee et al., 2013; Oh et al., 2016a), perceived more adverse outcomes/risks to patient safety (e.g., medication errors) (Laschinger, 2014; Oh et al., 2016a; Wright and Khatri, 2015), and consequently perceived lower quality of patient care (Purpora et al., 2015).

2.4. Definition and measurement of nursing competence

Nursing competence is the ability to demonstrate and integrate knowledge, critical thinking, affective, and psychomotor values and skills to perform particular professional care activities both ethically and safely (Liu and Aungsuroch, 2018; Nilsson et al., 2014; Nkosi and Uys, 2005). A review of the international literature on nursing competence has identified eleven major components of competence: personal traits, professional clinical practice, legal and ethical practice, ensuring safety and quality, communication, management of nursing care, leadership, teaching-coaching, cooperation and therapeutics practice, critical thinking and innovation, and professional development (Liu and Aungsuroch, 2018). Nursing competence has been most consistently measured using self-report scales (Liu and Aungsuroch, 2018), including measuring nurses' own perceived competence and/or measuring managers' perceptions of subordinate nurses' competence using same self-report scales (Numminen et al., 2014). Tools including Nurse Perceived Competence, European Questionnaire Tool, Competence Inventory for Registered Nurses, Australian National Competency Standards for Registered Nurses, Holistic Nursing Competency Scale, and Competence Scale for Senior Clinical Nurses are the among the most widely used scales to self-assess nursing competence (Liu and