



Mentoring and group identification as antecedents of satisfaction and health among nurses: What role do bullying experiences play? ☆☆☆★



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SUMMARY

Background: Prior studies have been unable to determine underlying mechanisms by which the negative relation with mentors affects mentees' satisfaction and health. We consider the Social Identity Theory as theoretical framework to understand the possible influence of negative mentoring on mentees.

Objective: The aim of the study is to examine the relationship between: 1) negative mentoring experiences and group identification and, 2) nurses' job satisfaction and health complaints, as mediated by nurses' bullying experiences.

Design: A longitudinal design was used.

Methods: The study employs a longitudinal design, with Time 1 (May–June 2010) and Time 2 (2010 September–October 2010). At Time 1 we assessed negative mentoring experiences and group identification, while at Time 2 we assessed workplace bullying, job satisfaction and health complaints.

Results: The results have confirmed the hypothesized relationship. Data analysis has revealed a partial mediation model in which negative mentoring experiences and group identification explained job satisfaction. This mediation has not been found in the case of health complaints.

Conclusions: This study expands the application of Social Identity Theory to nurses' mentoring. The findings of the study support that negative mentoring experiences and group identification affect job satisfaction among nurses due to workplace bullying. Prevention of pervasive long term effects of negative mentoring relationships has been suggested.

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Introduction

Mentoring is an extended practice among nursing professionals because it helps novice nurses to perform their tasks and serve their organisations better (Altuntas, 2012; Halcomb et al., 2012). The benefits of positive mentoring are extensively documented, but the most recent research indicates the existence of negative mentoring (Eby, 2007). These negative experiences with the mentor can include a broad array of behaviours of varying intensity, reflecting mentors' actions aimed directly at the mentee and other, more diffuse, behavioural patterns. Eby et al. (2004) indicated that negative experiences with mentors lead to more stress for mentees, while they also increase their intention of quitting and reduce their job satisfaction.

Although there are many studies about the benefits of positive mentoring (Beskine, 2009; Cottingham et al., 2011; Halfer et al., 2008) and reviews about the advantages and disadvantages of this practice in the nursing sphere (Beverly, 2005; Harrington, 2011; Jokelainen et al., 2011; Scammell and Olumide, 2012), there is a lack of empirical studies that report the negative consequences of dysfunctional relations with the mentor in this professional field. More specifically, prior studies have been unable to show by which underlying mechanisms the negative relation with mentors affects mentees' satisfaction and well-being. The present study will attempt to fill this gap by investigating two related processes: group identification and the experiences of bullying suffered by mentees.

Background

Mentoring consists of an intense and sustained interpersonal relation that links the mentor, an experienced professional, with a novice, or mentee, who has recently joined the profession and the organisation. Mentors provide two types of support to their mentees: firstly, they favour their progress in their career, and secondly, they provide psychosocial support (Beverly, 2005). Eby et al. (2004) have developed a taxonomy of negative mentoring experiences that they validated

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in many occupations and professions. In this broad array of negative experiences, they underline, on the one hand, the mismatch, or disagreements, in the mentor–mentee dyad. “The negative experience of mismatch within the dyad refers to mismatches in terms of personality, work styles and values” (Eby et al., 2004, p. 415). On the other hand, the authors refer to distant behaviour as another relevant category. Distant behaviour includes being excluded or neglected by the mentor.

In the present work, we start out by observing that nurses perform their task in organisations made up of many groups nested within each other, such as units, departments or operational groups. The existence of formal groups and alliances, or informal groups, in the organisational environment reveals the group processes that occur there. Therefore, we consider the Social Identity Theory as an adequate theoretical framework to understand the possible influence of negative mentoring on mentees. The mentor is usually an expert who has been in the profession for a long time (Beverly, 2005; McCloughen et al., 2009; Riley and Fearing, 2009; Wilson et al., 2010). It is therefore reasonable to assume that the mentor will be a prototypical member within the group, that is, an adequately integrated member. In this sense, it has been repeatedly pointed out that one of the mentor's functions is to facilitate their mentee's social integration by sharing their interpersonal relations network with them (Fagenson, 1994; Harrington, 2011; Jokelainen et al., 2011). In contrast, if the mentor is distant towards the mentee and there are obvious differences in terms of their working styles and personalities, it is reasonable to expect that the rest of the nurses will not consider the newcomer as prototypical. In fact, if the mentor is distant and excludes the mentee, it is reasonable to assume that such behaviour will have an impact on his/her acceptance as a group member. This will hinder the mentee from becoming “one of our own folk” and, consequently, he/she will be susceptible of becoming the victim of negative behaviours by the peer-group.

Diverse works have shown the importance of group identification as an antecedent of bullying at work (Ramsay et al., 2011). In the work environment, people can identify with diverse units, but the common element is inclusion as a member of a group, a profession or an organisation as part of one's self-concept (Ricketta, 2005).

The possible influence of identification on bullying can occur in two directions. Firstly, if the mentee's identification with the group is strong, this will be because, to some extent, the mentee is a prototypical employee and accepted as such by the others. If, in contrast, his/her group identification is weak, it is more likely that the mentee is not a prototypical employee and will not be perceived as a member of the group. Belonging to a peer group is like a moral frontier, within which “our own folk” are included (Clayton and Opatow, 2003). A broad spectrum of negative behaviours is tolerated towards those who are beyond that frontier, which would not be acceptable towards our own folk. The employees, who do not strongly identify with the group, will be more likely victimized. Some studies (Hutchinson et al., 2010; Johnson, 2009) underline that some organisational and group factors seem to create a favourable atmosphere for emergence and tolerance of nurses' bullying. Johnson (2011) proposed the ecological model and stated that: “Workplace violence does not occur in isolation” (p. 55).

Secondly, group identification affects the possibility of receiving and accepting peer social support, which is a potential buffer of bullying (Opatow, 2001). If the nurse has a weak group identity, he/she will not receive social support and, if it is offered, it will probably be rejected.

We consider workplace bullying to be the sustained repetition of negative social actions directed towards a worker. The group setting in which nurses' tasks are carried out suggests that it is likely that mentees' interpersonal relationships with their mentors will have an impact not only on their work performance but also on their relationships with the rest of their co-workers (Allan, 2010; Fagenson, 1994; Li et al., 2011). If the mentoring relationship is inadequate,

the mentor is probably not a good new model for the mentees and they will not be able to perform their role as expected. Furthermore, the group will probably not perceive the mentee as a prototypical member and, consequently, it is more likely for the novice to be victimized (Schuster, 1996).

Meta-analytical review of bullying at work demonstrates a variety of negative results experienced by the victims (Bowling and Beehr, 2006; Ilies et al., 2003). A decrease in job satisfaction and an increase of self-reported health problems were noted. Job satisfaction consisted of a positive global assessment of one's work and it was one of the variables that received the most attention because it is considered to have the greatest impact on employee's attitudes and behaviours. Health complaints are frequent, even in the absence of objective symptoms. They are indicators of general health. In fact, studies show that, in Nordic countries, 59% of sick leave is granted due to diagnoses based only on a patient's subjective statement (Eriksen et al., 1998).

Hypotheses

Consistent with the arguments presented above, we propose that:

- a) H1: Negative mentoring experiences at Time 1 (T1) will exert a positive influence on bullying experiences at Time 2 (T2).
- b) H2: Group identification at T1 will exert a negative influence on bullying experiences at T2.
- c) H3: Bullying experiences measured at T2 will exert a negative influence on T2 job satisfaction.
- d) H4: Bullying experiences at T2 will exert a positive influence on T2 health complaints.
- e) H5: The relationship between T1 negative mentoring experiences and group identification – on the one hand – and job satisfaction (H5a) and health complaints (H5b) – on the other hand – will be mediated by bullying experiences (all three measured at T2).

Fig. 1 depicts our research model, showing the mediation of bullying in the relationships between negative mentoring experiences and group identification and job satisfaction and health complaints.

Methods

Research Design

A longitudinal design, with measurements at T1 (September–October 2010) and T2 (May–June 2010) was used. At T1, we assessed negative mentoring experiences and group identification, whereas at T2, we assessed bullying, job satisfaction and health complaints.

Participants

Out of 450 staff nurses who were employed in two large Spanish hospitals, 361 nurses agreed to participate to the research. In this convenience sample ($n = 361$ at Time 1 and $n = 201$ at Time 2) the response rate at T1 was 77.4% of which 184 men and 177 women whose average age was about 37 years ($SD = 10.72$), 44.9% had a university degree, 29.6% a high school diploma, 8.7% an Occupational Training Level I diploma, and 16.3% and elementary education level. The mean number of hours worked per week was 36.52 ($SD = 8.7$). In this work we only considered the 201 people who answered to T1 and T2.

Instruments

Negative Mentoring Experiences (T1)

The researchers used two dimensions of the Negative Mentoring Experiences Questionnaire developed and validated by Eby et al. (2004). Participants were asked to think about their current or most

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