



Korean Society of
Nursing Science

Contents lists available at [ScienceDirect](#)

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com



Research Article

Relationship between Organizational Culture and Workplace Bullying among Korean Nurses

Yuseon An, MS, RN,¹ Jiyeon Kang, PhD, RN^{2,*}

¹ Dong-A University Medical Center, Busan, South Korea

² Department of Nursing, Dong-A University, Busan, South Korea

ARTICLE INFO

Article history:

Received 18 February 2016

Received in revised form

7 June 2016

Accepted 9 June 2016

Keywords:

bullying
interpersonal relations
nurses
organizational culture
workplace

SUMMARY

Purpose: To identify the relationship between organizational culture and experience of workplace bullying among Korean nurses.

Methods: Participants were 298 hospital nurses in Busan, South Korea. We assessed nursing organizational culture and workplace bullying among nurses using structured questionnaires from July 1 through August 15, 2014.

Results: Most participants considered their organizational culture as hierarchy-oriented (45.5%), followed by relation-oriented (36.0%), innovation-oriented (10.4%), and task-oriented (8.1%). According to the operational bullying criteria, the prevalence of workplace bullying was 15.8%. A multivariate logistic regression analysis revealed that the odds of being a victim of bullying were 2.58 times as high among nurses in a hierarchy-oriented culture as among nurses in a relation-oriented culture [95% confidence interval (1.12, 5.94)].

Conclusions: The results suggest that the types of nursing organizational culture are related to workplace bullying in Korean nurses. Further research is needed to develop interventions that can foster relation-oriented cultures to prevent workplace bullying in nurses.

Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Workplace bullying is considered a serious problem in the nursing profession. Indeed, the rate of victimization of workplace bullying among nurses has been reported to range from 18.0–31.0% in the United States [1], while 15.1–23.0% of Korean nurses reported themselves to be victims of bullying [2–4]. Workplace bullying can be defined as harassing, attacking, and socially excluding colleagues, or in some way attempting to disrupt colleagues' work [5]. Unlike mere conflict, bullying occurs repeatedly and periodically, and is characterized by an imbalance of power between perpetrator and victim [5,6].

The Center for American Nurses [7] has stated that workplace bullying is highly disruptive and can result in various negative outcomes for nurses. More specifically, workplace bullying can lead to physical and psychological impairment in victims, worse organizational productivity, and a higher turnover rate [8,9].

Additionally, workplace bullying can increase the stress level and decrease the job satisfaction of bystander coworkers [10].

The related factors of workplace bullying can be classified into individual and organizational factors. Individual factors include high aggressiveness and work stress among perpetrators, and age, work experience, lack of social skills, low self-esteem, and low competency among victims. In contrast, organizational factors include misuse of authority, informal alliances, organizational tolerance, an unclear location of responsibility, a hierarchical organizational culture, and an outcome-oriented atmosphere [5,9,11,12]. As there have been inconsistent results regarding the relationship between individual factors and workplace bullying [13], some researchers have suggested concentrating on organizational factors as the more powerful related factors of workplace bullying [6,9,14].

One of the strongest organizational factors related to workplace bullying is a nursing organizational culture. Organizational culture refers to the values, beliefs, customs, and norms shared by the members of that organization, and can be classified into several types such as hierarchy-oriented, innovation-oriented, task-oriented, relation-oriented culture, and more [15–17]. Hierarchy-oriented culture is characterized by a high degree of control,

* Correspondence to: Jiyeon Kang, Department of Nursing, Dong-A University, 1 Dongdaeshin-dong, 3-ga, Seo-gu, Busan 602-714, South Korea.

E-mail address: jkang@dau.ac.kr

<http://dx.doi.org/10.1016/j.anr.2016.06.004>

p1976-1317 e2093-7482/Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

formalization, and rivalry [15]. Innovation-oriented culture focuses on flexibility and change of organization [17]. Task-oriented culture puts a higher priority on the productivity and goal of the organization, whereas relation-oriented culture is based on the interpersonal relationship of mutual trust and respect [16,17]. In certain cultures, bullying acts may be considered natural or even effective ways of achieving goals [9,15]. Specifically, according to surveys among workers in various organizations, bullying was found to be negatively related to task-oriented and relation-oriented cultures, whereas it was positively related to a hierarchy-oriented culture [15,16]. Yun and Kang [17] reported that a relation-oriented culture might be the most powerful mitigating factor for workplace bullying among nurses. However, unlike the above studies of other occupations, they reported that bullying among nurses had a positive relationship with a task-oriented culture and a nonsignificant relationship with hierarchy-oriented culture.

The role of organizational culture in preventing and responding to bullying may be key to eliminating workplace bullying. As such, educational programs, institutional policies, and legislations that help to avoid undesirable (i.e., bullying-promoting) organizational cultures would be required [9,18]. However, as shown above, previous studies have not yet offered a decisive conclusion on the relationships between type of organizational culture and workplace bullying. Therefore, the research question of the current study was as follows: What are the relationships between organizational culture types and workplace bullying among nurses? With regard to the types of organizational culture, we chose hierarchy-oriented, innovation-oriented, relation-oriented, and task-oriented cultures according to Han's questionnaire for nursing organizational culture [19] because this questionnaire was originally developed for measuring nursing organizational culture. The overall aim of this study was to elucidate the relationship between organizational culture and workplace bullying among nurses. The detailed objectives were to (a) identify the types of organizational culture as perceived by study participants; (b) determine the prevalence of workplace bullying among participants, (c) compare workplace bullying prevalence according to participants' characteristics and (d) type of organizational culture, and (e) identify the relationship between organizational culture and workplace bullying among nurses.

Methods

Study design

This was a descriptive correlational study performed to determine the relationship between organizational culture and nursing workplace bullying.

Setting and sample

The study was conducted in Busan, South Korea. Study participants were 297 conveniently selected female nurses who had been working in eight different secondary (≥ 100 beds) or tertiary hospitals (≥ 100 beds and ≥ 20 medical departments) for more than 6 months. Since the questionnaire of workplace bullying in this study [2] was designed to measure negative behaviors within the last 6 months, we excluded nurses who had been employed for less than 6 months. Nurses from primary hospitals were also excluded because most primary hospitals in the Busan area do not have their own nursing department, which would likely prohibit the development of a nursing organizational culture. Finally, part-time nurses, male nurses, and head nurses were excluded because they might respond differently to workplace bullying [9,20,21].

The sample size for multiple logistic regression analysis was calculated using G*Power 3.1.3 program [22]. The number of

participants to achieve a significance level (α) of .05, a test power ($1-\beta$) of .85, and an odds ratio of 1.5 (medium) was 236. With consideration of potential dropouts, questionnaires were sent to 380 hospital nurses, of which 374 were returned. After excluding 77 questionnaires (68 were not completed and 9 had the same answers marked on all questions), 297 questionnaires were used in the analysis.

Measurements

Organizational culture

Organization culture was measured using the questionnaire developed and validated by Han [19]. According to Han's definition, relation-oriented culture refers organizational members highly regard comfort, community spirit, humaneness, intimacy, and mutual respect. Innovation-oriented culture is where its members highly regard changing environment, challenge, creativity, educational support, trial and error, and dynamicity. Hierarchy-oriented culture is where its members highly regard authority, obedience, order, stability, and strictness. Lastly, task-oriented culture is where its members highly regard competition, goal-directedness, outcomes, and productivity [19]. This is a self-report questionnaire comprising 20 items in four subscales: relation-oriented (5 items), innovation-oriented (6 items), hierarchy-oriented (5 items), and task-oriented (4 items). Participants rated each item on a 5-point scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). The subscale with the highest mean score was considered that participant's organizational culture. The internal consistency (Cronbach α) of the questionnaire reported by Han [19] was .88 and that for the current study was .79.

Workplace bullying

The Korean version of the Negative Acts Questionnaire-Revised (NAQ-R) [2], originally developed by Einarsen and Hoel [8] was used to measure workplace bullying. This questionnaire comprised 22 items in three subscales: person-related bullying, work-related bullying, and intimidation-related bullying. Each item was scored in terms of frequency, ranging from 1 (*none*) to 5 (*almost every day*); thus, higher scores indicated that the participant was more exposed to bullying-related acts. If a participant had experienced at least 2 of the 22 bullying-related acts from the NAQ-R committed by a colleague either "every day" or "every week" for the past 6 months, that participant could be said to be a victim of workplace bullying. Nam et al [2] reported the Cronbach α of the Korean version of the NAQ-R to be .93, whereas it was .94 in our study.

Data collection

Data were collected between July 1 and August 15, 2014. The questionnaires were distributed to nurses who had agreed to participate in the survey after we obtained official approvals from the nursing departments of the selected hospitals. Sealable return envelopes were also provided to ensure that participants' responses were anonymous. The time between distribution and collection of the questionnaires ranged from 1 and 5 days.

Data analysis

The collected data were processed and analyzed using IBM SPSS Statistics version 21.0 (IBM Corporation, Armonk, NY, USA). The characteristics of the participants, organizational culture, and prevalence of workplace bullying were analyzed in terms of frequencies, percentages, means, and standard deviations, as appropriate. The differences in workplace bullying according to participants' characteristics and organizational culture were

Download English Version:

<https://daneshyari.com/en/article/8568039>

Download Persian Version:

<https://daneshyari.com/article/8568039>

[Daneshyari.com](https://daneshyari.com)