

Burnout among Nurses In the light of workplace bullying and gender

(A study at the hospital of Oran)

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Abstract:

This humble study entitled: **Burnout among Nurses In the light of Workplace bullying and gender** , was conducted on a sample of 200 nurses from the University Hospital of Oran where the descriptive approach was adopted with the use of the following tools: Negative Acts Questionnaire (NAQ) by Einrasen and his colleagues, and the Maslach and Jackson Burnout Standard (MBI. HSS). Thus, we found that there are statistically significant differences in the level of burnout between the bullied and non bullied groups of nurses. In addition to that, there are statistically significant differences in the level of burnout according to gender

Keywords: Burnout; Workplace Bullying; emotional exhaustion; Depersonalization; commitment.

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1. INTRODUCTION

The health sector is considered one of the most important services, because of its eminence in the life of individuals and society. Nurses represent a large percentage in this sector, as they have multiple specialties, and have frequent contact with patients because of the services nurses provide. As doctors cannot do their work without nurses, these latter's role is based on providing necessary nursing care to promote, and maintain health through caring for patients physiologically, psychologically, mentally, and spiritually wherever they are and throughout all life stages.

The success of any institution in achieving its objectives depends mainly on providing the right atmosphere for personnel, to perform their work in an effective and caring manner and at a level that workers expect. Nurses are exposed to a variety of problems and pressures which lead to the emergence of a range of disorders, the most important of which is burnout. As (Abdullah Al –Judi, Laurel and Loriol, Gueguen, 2007) state that the health sector personnel of different disciplines suffer from a high level of burnout as a result of work pressures associated with a lack of social support and conflicts with colleagues and supervisors. While other studies suggest that the health sector workers suffer from a lower level of burnout as the study of Ceslowitz (Laurencine, 2001), and the study of Martinez (Lauzier and Gosslin, 2005).

Burnout is generally considered as a reflection or a reaction to the conditions of work, including Workplace bullying which is one of the most prevalent psychological and physical problems related to work in health- care facilities. Its effects are not limited to the person or the persons who are exposed to it, but also to health care facilities, care quality, and patient safety. The World Health Organization (WHO) identified the global increase in workplace bullying as a serious threat to nurses health and well- being, and identified the need to eliminate work place violence as a priority in the nursing field. It reported that nearly a quarter of work place violence occurred in health care institutions, and that health professionals were 16 times more exposed than employees in other sectors (Wei, Chiou, Chien and Huang, 2016).

According to Laschinger et. al, the percentage of bullying exposure is high among a sample of newly graduated Canadian nurses (33%) (Laschinegr, 2012). And in a study in Taiwan, it was found that 13, 392 nurses (49, 6%) were exposed to at least one incident of any kind of violence every year (Wei et al., 2016). The analyses of 136 international research studies that were conducted in the Anglo- saxon, Asian, European and Middle Eastern regions showed that 36,4% of nurses said they experienced physical abuse, 67,2% reported non- physical abuse. The national survey indicates that more than half of the nurses surveyed have experienced workplace violence in the latest 12 months in Turkey (51%), Australia (67%), China (68%) (Liu et al, 2019). In Nigeria, a survey of 380 health workers

showed that the prevalence of violence in the work place was 39,9% (Seun- Fadipe et al., 2019), while in Jordan 43% of participants were found to be victims of severe bullying, and 31% were victims of occasional bullying in the work place (Obeidat, Quan'ir & Turaani, 2018).

Several studies point to the impact of workplace bullying on the emergence of burnout, and similar disorders. Moreover, the British National Health Board survey (2009) revealed that work place violence affects organizational performance through multiple factors: low morale of employees, lower job performance, increased anxiety, lower confidence in interpersonal relationships, and lower job satisfaction (Wei et al., 2016). Laschinger and Grau (2012) consider that psychological burnout is a psychological response to workplace violence (Havaei, Astivia and MacPhee, 2002). In addition, a study of Kivima et al (2000) indicates that the nurses targeted for bullying at work tend to have a higher rate of absences compared to non bullied nurses. (Rekens et al., 2014).

In view of the important role of nurses in the health services field, the presence of burnout whatever its level in this group, represents a difficult problem that should be quickly remedied, in addition to the absence of studies and statistics on workplace bullying in the health sector of the Algerian society. This study has an aim to deal with functional bullying and its relationship to burnout among nurses, where a field study was conducted for this purpose on a sample of nurses, and the following questions were asked:

- Are there differences in the level of psychological burnout due to nurses' gender (male/female)?
- Are there differences in the psychological burnout due to nurses' categories (bullied/ non –bullied)
- Are there interactions between the variables of gender (male/female) and nurses' categories in relation with psychological burnout?

2. Study Theoretical Framework

2.1. Burnout

The concept of burnout refers to physical and emotional fatigue because of the constant stress exposure, and it appears in professions that provide assistance to others (Ammar, 2007, p. 17). The works of Christina Maslach and her colleague Susan Jackson are considered as the mainstay of most research and studies in the development of the concept of burnout (Canoui et al., 2004), Herbert Freudenberger (1974) defined it as a case of stress caused by difference and disparity between abilities and capabilities, and individual aspirations, and between the burdens and the requirements of the individual work (Al Zuboud, 2002, p. 205).

According to Maslach and Jackson, burnout is theoretically defined as an internal psychological condition that results from work pressure, and caused by the disparity of the individual and his/ her work environment with its pressures, and consists of a range of psychological and physical symptoms such as: emotional stress, personality dullness, lack of personal achievement, loss of commitment, persistent fatigue as well as negative reactions towards others. This disorder appears especially in professions that require emotional commitment and direct engagement and interaction with people (Maslach and Jackson, 1981, p. 99). In addition, burnout is defined procedurally as the degree a nurse obtains in Maslach and Jackson Psychological burnout standard (HSS- MBI), and that is through the following dimensions: emotional exhaustion, depersonalization, lack of personal achievement, commitment.

2.2. Workplace Bullying

Workplace bullying is a situation in which an employee is constantly aware over a period of time that he or she is at the limits of psychological abuse by his/ her supervisors, co-workers, subordinates and clients, while he or she finds difficulty to defend himself/ herself against abuse (Glambek, Nielsen, Gestrad and Einarsen, 2018). It is also known as an unfavorable, systematic, frequent and continuous procedures directed at an employee by one or more individuals in the workplace, aimed at offending and humiliating that employee (Obeidat et al., 2018).

Workplace bullying is present if an individual feels abused by his/ her supervisors and colleagues, and where the victim feels that she/ he has limited resources, or lacks a position against the negative behaviors she/ he has experienced, and are considered to have harmful effects because they accumulate over time (Loerbroses et al., 2015). Thus, Workplace bullying is the constant and escalating exposure of an employee in his or her work place to a range of negative behaviors caused by different sources (colleagues, supervisors, patients, ...etc), which results in several effects on the target employee and his work. Moreover, Workplace bullying is also considered procedurally as the degree to which a nurse (male/female) gets in the NAQ Negative Acts Questionnaire by Einarsen and his colleagues (Einarsen et al., 2009).

3. Methods

3.1.Approach used

This study relied on exploratory descriptive approach as best suited to achieve the study objectives.

3.2.Study Tools

3.2.1. The revised Negative Acts Questionnaire

It was used to measure perceived exposure to bullying and abuse (Einarsen et al., 2009), this questionnaire consists of 23 items, and the first 22 sections describe negative behaviors that cover three areas of bullying namely:

- Person- related bullying: (12 items)
- Work- related bullying: (7 items)
- Physical intimidation: (3 items)

The answer is based on Likert scale of five degrees, and which depends on the frequency of bullying from never (1) to daily (5), the overall score ranges from 22 to 110. item 23 of the NAQ questionnaire provides participants with a definition of bullying, answers are given to how frequently they feel they have been bullied in the last 06 months from no (1) to yes, several times a week (4) (Obeidat et al., 2018). The validity of the questionnaire was confirmed by its application to a sample of 30 nurses, where its credibility was verified through the discriminatory honesty method. Statistically significant differences were found

between the upper and lower group of nurses meaning that the job bullying questionnaire is valid and was confirmed to be reliable through the Cronbach Alpha method. It was concluded that persistence coefficient was found to be equal to 0.74, which means that the questionnaire was constant.

3.2.2. Burnout Standard (MBI- HSS)

It is a standard used to measure burnout in services field, prepared by Maslach and Jackson, and consists in its original form of 25 items which are distributed on four 4 basic dimensions, namely: emotional exhaustion (9 paragraphs), depersonalization (5 paragraphs), personal achievement (8 paragraphs), and finally the commitment perspective (3 paragraphs) (Maslach and Jackson, 1981).

The validity of the standard was confirmed by the discriminatory honesty method, where significant differences were found between the averages of the upper and lower groups on the level of burnout, that is the standard has discriminatory honesty, while the reliability was measured by the Cronbach Alpha method, and was equal to 0.98 and this value indicates that the standard has high stability.

3.3.Study Sample

This study was conducted at Oran University Hospital randomly on a sample of 200 nurses, with a female percentage (73%) exceeding that of male (27%). The percentage of nurses with a seniority less than 5 years is the largest (41,5%), followed by a seniority from 5 to 10 years (36%), and finally with a seniority of more than 10 years (22,5%).

4. Results [and] Discussions

To answer the questions, we have tested significant differences of average levels in nurses for burnout, according to the variables of nurses' categories (bullied/ non- bullied) and gender (male/ female), and their interaction. We extracted arithmetic means and standard deviations of the burnout variables in the light of nurses' categories and gender variables, the significance of the arithmetic means differences was detected using 2 Way Anova test, the results were as follows:

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The arithmetic means and standard deviations of nurses' estimates of burnout were extracted according to the variables of nurses' categories and gender; the results are as shown in Table 1:

Table 1. Burnout level according to gender and nurses' categories variable

Category/ gender	Males		Females		Total	
	(N=54)		(N=146)		(N=200)	
	AM	SD	AM	SD	AM	SD
Non bullied	81.26	7.19	80.14	7.84	80.62	7.39
Bullied	88.96	4.17	84.85	5.12	86.20	5.18
Total	84.54	7.16	81.84	7.10	82.57	7.20

The table shows apparent differences between arithmetic means of burnout which depend on the variables of nurses' categories (bullied / non bullied), and gender (male/female). For the nurses' categories variable, we notice that the arithmetic mean for bullied nurses' category is (86, 20) above the arithmetic mean for non bullied nurses' category (80, 62). As for gender variable, the arithmetic mean of male nurses' category is higher than the arithmetic mean of female nurses.

In order to determine the level of statistical significance of differences in arithmetic means of burnout which depends on nurses' categories and gender variables, as well as their interaction, the 2 Way Anova test was used and the results were as follows:

Table 2. Differences in the level of burnout according to gender and nurses' categories variables, and their interaction.

Source of variation	Sums of Squares	Deg. of Freedom	Mean Squares	F Value	Sig
Gender	228.69	1	228.69	5.19	0.05
Nurses' categories	1374.86	1	1374.86	31.21	0.01
Gender X Nurses' categories	99.31	1	99.31	2.25	Not significant (0,13)
Error	8632.87	196	44.04		
Corrected Total	10329.02	200			

The table shows that there are statistically significant differences in the level of burnout according to gender variable, with the calculated value “F” (5.19), that value is statistically significant at the significance level (0.05), this latter was in favor of 119 male nurses with an arithmetic mean of (84.54) higher than the arithmetic mean of female nurses (81.84), as the results showed in Table 1.

It is also clear that there are statistically significant differences in the level of burnout which depend on nurses’ categories, where the calculated value “F” has reached (31.21). This value is statistically significant at the level of significance (0.01), where it was in favor of bullied nurses’ category with an arithmetic mean of (86.20), which is higher than the arithmetic mean for non- bullied nurses’ category (80.62) as shown in Table1.

Table 3. The differences in burnout according to the interaction

GENDER	the category of	Mean	Error
	bullied persons		
FEMME	Bullied	80,414	0,667
	Non bullied	84,851	0,667
HOMME	Bullied	81,258	1,192
	Non bullied	88,957	1,384

However, the results indicate that there are no statistically significant differences in the level of burnout attributable to the interaction between nurses and gender’ categories. The calculated value of “F” (2.25) is not statistically significant, and this is confirmed in Table3 and Figure 1 which illustrates differences in the level of burnout according to the variables of gender and nurses’ categories , and the interaction between them.

Fig.1. The differences in the level of burnout according to gender ,nurses’ categories and the interaction between them

Statistically significant differences in the level of psychological burnout exist in relation to nurses’ categories variable (for the category of bullied persons), as well as the existence of statistically significant differences in the level of burnout in relation to gender variable (for males), and the absence of statistically significant differences in the level of burnout in relation to the interaction between the variables of both nurses and gender categories.

- **The results showed that there are statistically significant differences in the level of burnout according to gender variable, where the significance was in favor of males**

This is consistent with the results of Laurel study, which studied 119 supervisors and nurses; he found that males have a higher level of dullness than females, which explains to the researcher the patients' desire to receive health care from female workers (Laurel and Gueguen, 2007, p. 558). These results differ with Martinez study on health-care workers in France; because it found that the rate of psychological burnout is similar between males and females which was estimated at 22%, and 15% respectively. This was also found by Martin and Eric in their study on the nurse sample (Lauzier and Gosslin, 2005).

Other studies like both studies of Stordeur and Carol have found that there are no differences in the level of psychological burnout by gender variable, so that both males and females work under the same conditions, and are exposed to the same pressures (Stordeur, 1999; Vanier, 1999).

- **Results demonstrated statistically significant differences in the level of psychological burnout according to nurses' categories variable, where the sign was in favor of the category of bullied persons.**

This result was consistent in several studies. The British National Health Board survey in 2009 revealed that work place violence affects the organizational performance through many factors, namely: low workers morale, low job performance, increased anxiety, low confidence in personal relationship and low job satisfaction (Wei et al., 2016). Some nurses who reported that they were victims of work place bullying, were also found to have a higher intention to leave the health care institution or profession (Obeidat et al., 2018).

In a study of 537 surgical medical nurses in British Columbia, Canada, work place violence was more closely related to increased reports of fatigue, anxiety, and sleep disorders. Laschinger and his colleagues found that work place violence from other employees is associated with higher levels of emotional fatigue, post traumatic stress disorder, and poor mental and physical health of nurses (Laschinger et al., 2012). Laschinger and Grau

(Laschinger and Grau, 2012) consider that psychological burnout is a psychological response to violence in the workplace, evidenced by the increased nurses reports of musculoskeletal injuries, anxiety disorders and sleep disorders (Havaei et al., 2002).

A study on Chinese nurses (Cheung and Yip, 2017) found that work place violence from patients and their families leads to the deterioration in the quality of nurses' sleep, and health score as well as the induction of a psychological response to stress (Zhang et al., 2018). A sectional scan was also carried out in 23 hospitals in Guangdong province, China. They found that work place violence is directly associated with high cases of psychological burnout, reduced job satisfaction, reduced patient safety, and more adverse events (Liu et al., 2019). A study of Kivima Ki (Kivima Ki et al., 2000) indicates that workers targeted for bullying at work tend to have higher rates of sickness absences than non bullied workers (Rekens et al., 2004). The survey of work Place Bullying Institute in 2007 indicated that 45% of bullied persons had emotional and physical consequences, as a result of their bullying experiences. Furthermore, a 2014 study results indicated that for 61% of those nurses targeted for bullying, the decision of resignation was the only way to stop bullying (Dzurec, kennison and Gillen, 2017).

The explanation of psychological burnout and bullying relationship is consistent with stress theories like "The theory of Cognitive Stress Activation" which suggests that constant exposure to occupational pressure is detrimental to health through sustainable activation mechanisms; it means that if a person is targeted for bullying; this leads to increased anxiety and psychological burnout because of cognitive and psychological stimulation associated with anxiety, and an attempt to deal with the situation. Another explanation can be found in theories of **social exclusion** which suggests that rejection from important social relationships may threaten the basic needs of belonging, and control the surrounding environment, thus, increase the risk of feeling anxious and tired.

Niedl (1996) indicates that bullying aims have a tendency to interact first with anxiety (Psychological activation), when nurses are bullied, and this leads them to try to solve the problem. If problem solving is unsuccessful, the targets will feel depressed and then will

reduce commitment to the organization, eventually resigning from work together (Rekness et al., 2014).

- **The results demonstrated that there are no statistically significant differences in the level of burnout attributable to the interaction between nurses' categories and gender variables .**

Many studies point to the interaction between gender and nurses' categories (bullied/non bullied) variables. For example, Salin in a study of 150 employees found that 05% of male participants were bullied in the work place compared to 12% of women (Salin, 2003). Sympson and Cohen found that men report bullying quickly, while women tend to bear and tolerate. Men respond to bullying through confrontation, revenge or direct action (Brandon et al., 2017). Obeidat and her colleagues (2018) also found that men are more likely to report higher frequency of work place bullying, both people- related bullying and physical intimidation than women (Obeidat et al., 2018). In a study of Brandon and his colleagues, women reported higher level of work place bullying than men (Brandon, Kiersten and Treiber, 2017). And with regard to the direct impact of bullying on perceived work pressures, it was found that bullying had a greater impact on perceived work pressures in women than in men (Brandon et al., 2017).

In a national study of Norwegian workers, exposure to bullying behaviors was linked to increased reports of self- inflicted back and neck pain over time, this pain increases in response to bullying among men only, while women's relatively high levels of basic pain remain stable over time, even after exposure to bullying in the work place (Glambek et al., 2018). In addition, Artazcoz and his colleagues (2004) found that men are more affected by work place bullying because of the belief that work and success in the work place are more important to men's mental health than women's, and where unemployment is more closely related to men's mental health than to women.

According to Simon (1995), bullying at work is a threat to the ability to act as a financial provider, which can lead to despair (Brandon et al., 2017), this explains the high level of

psychological burnout in males. Economic support among men in Arab societies is generally considered as an essential part of their family role, and work has a positive impact on men's perceptions of themselves as parents and spouses.

5. CONCLUSION

Nursing is an essential profession in the health care field, in which its nurses male and females have important roles in the delivery of a safe health service to patients, this service continuously seeks to be developed to suit scientific developments, and to be within the standards of professional performance. However, the exposure of nurses to forms of functional bullying in their work place affects their psychological and physical side, and leads to a number of disorders including psychological burnout, which negatively affects the quality of their services. In addition to that, the study found that nurses suffer from moderate levels of psychological burnout and job bullying, and the level of psychological burnout in nurses is affected by gender factor, and the presence of functional bullying.

Based on these results, a series of recommendations have been proposed the most of which are: provide a listening cell for the patients to take care of the effects of job bullying and psychological burnout, and to take into account gender differences in the process.

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