WORKPLACE BULLYING AMONG NURSES AT A PSYCHIATRIC HOSPITAL IN THE WESTERN CAPE

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ABSTRACT

Workplace violence is a worldwide issue, yet it remains underreported. Incidences of workplace violence, include, physical violence, verbal abuse, bullying, as well as sexual and racial harassment. Bullying is defined as any type of repetitive abuse, in which victims suffer verbal abuse, threats, humiliation or intimidating behaviours, or behaviours, by perpetrators that interfere with the victims' job performance and place their health and safety at risk. The prevalence of workplace bullying might be underreported due to the embarrassment that victims have to endure, or because of fear.

Research has revealed that, in South Africa, in the public hospitals of Cape Town, despite the end of Apartheid, there are still subtle, but unspoken, tensions between racial groups. It can be assumed that such tensions are likely to escalate in the work environment and lead to workplace bullying. Yet, there is a lack of documented workplace bullying in Cape Town psychiatric hospitals, especially workplace bullying among nursing staff in public hospitals. This study, therefore, investigated workplace bullying at a psychiatric setting in the Western Cape.

The researcher used a quantitative research approach and a cross-sectional design to determine the extent to which workplace bullying occur among nursing staff at a Psychiatric Hospital in the Western Cape. Random sampling was used to obtain 119 completed self-administered questionnaires, during 2015. The Negative Acts Questionnaire-Revised was slightly adapted; a total of fifty eight (58) questions were sub-divided into three sections.

The researcher computed the Cronbach Alpha coefficient to test the reliability and internal validity of the data analysis. The Cronbach Alpha coefficient was 0.87, which was above the accepted cut off of 0.7. Therefore, the reliability and internal validity were confirmed. The reliability was also ensured through the factor analysis, which technique was applied in the data analysis.

The data analysis was done with the assistance of a statistician. The study used statistical analysis, which included descriptive statistics and bivariate analysis. The bivariate analysis used descriptive statistics and consequently calculated the frequency, proportion, mean and

standard deviation of individual items, in order to describe workplace bullying. To determine the association between the variables, the Kolmogorov-Smirmov test was applied, to test the normality of the two variables, before deciding on the application of either Pearson's or Spearman'rho's correlation. To establish the difference in means, the t-test and ANOVA was applied. EXCEL and SPSS 22 software were used as tools.

The findings indicated that there was high prevalence of workplace bullying, as 67(56.3%) declared that they were bullied in their workplace, during the previous 12 months, and 44(65.7%) disclosed that they considered the acts as typical incidents of bullying in workplace. The majority of the victims, 43(64.2%) were females and 19 (28.4%) were between 30-39 years old. However, most respondents, 32(47.8%), declared that the bullying incidents were not investigated.

Additionally, the researcher identified that there were two types of workplace bullying, namely, *personal bullying* and *administrative-social exclusive bullying*, based on the Principal Component Analysis. Age-group, ethnicity, length of stay in nursing career and marital status did not play a role in the exposure of nurses to *personal bullying*, but gender did. Similar results were found for *administrative-social exclusive bullying.*

KEY WORDS

Bully

Workplace

Workplace bullying

Nursing staff

Night staff

Day staff

Perpetrators

Resources

LIST OF ABBREVIATIONS

APH	:	Associated Psychiatric Hospitals
ANOVA	:	Analysis of Variance
CHS	:	Community Health Sciences
DEFF	:	Design Effect
IDS	:	Intellectual Disability Services
LAPRU	:	Lentegeur Adolescent Psychosis Recovery Unit
LAU	:	Lentegeur Adolescent Unit
N	:	Sample size
NAQ-R	:	Negative Acts Questionnaire- Revised
SANC	:	South African Nursing Council
SPSS	:	Statistical Package for Social Sciences

DECLARATION

I declare that **"***Workplace bullying at a psychiatric hospital in the Western Cape***"** is my own work that it has not been submitted for any degree or examination at any other university, and that all the sources I have used, or quoted, have been indicated and acknowledged by complete references.

Name: Amiena Samuels

November 2015

Signed:……

DEDICATION

I dedicate this work to all nursing staff members, who have fallen prey to workplace bullying and to my husband, for his patience in allowing me to follow my dreams.

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I would like to take this opportunity to express my sincere and deepest gratitude to the following people:

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. Introduction

This chapter provides the background and rationale of this research study. It also presents an overview of the problem statement, aim and objectives, as well as the significance of the study. Finally, the key concepts are defined and a layout of the report is introduced.

1.2. Background and rationale of the study

Workplace violence/bullying is an overwhelming concern worldwide (Somani & Khowaja, 2012, p.148). The occurring rate of workplace bullying is considered high and is grossly underreported (Etienne, 2014, p.6). A study conducted by (Chen, Sun, Lan & Chiu, 2009, p. 2812) reported 971 incidents of workplace violence that occurred against nursing staff in a psychiatric hospital, over a one year period. These included physical violence, verbal abuse, and bullying/mobbing, sexual and racial harassment. Bullying is defined as: any type of repetitive abuse, in which victims suffer verbal abuse, threats, humiliation or intimidating behaviours; or behaviours by perpetrators that interfere with the victims' job performance and are calculated to place their (victims') health and safety at risk (Katrinli, Atabay, Gunay & Cangarli, 2010, p. 615). During the last two decades, bullying has appeared as a popular topic that violates fundamental ethical principles, as well as harms the physical and psychological well-being of victims (Katrinli *et al*., 2010, p. 214). In addition, the outcomes of workplace bullying among nurses, affect patient care.

The prevalence of workplace bullying might be underreported, due to the embarrassment that victims have to endure, or because of fear. In a study conducted by Yildirim (2009, p. 504), it was determined that 37% of the nurses, participating in the research, had never, or almost never, encountered workplace bullying behaviour in the previous 12 months, while 21% of the nurses had been exposed to these behaviours. This study was conducted in Turkey with 286 respondents participating in the research study. Another study, conducted by Vessey, Demarco, Gaffney and Budin (2009, p. 299), with 303 respondents, revealed that bullying

occurred frequently among 70% of the respondents. The perpetrators included senior nurses, charge nurses, nurse managers and physicians. It is quite challenging to prevent this from happening, when the perpetrators are colleagues, with whom the largest part of each day is spent, or management, who are supposed to have the staff's best interest at heart.

Khalil's (2009) findings revealed that, in the public hospitals of Cape Town, in South Africa, despite the end of apartheid, there are still subtle, but unspoken, tensions between racial groups. Such tensions often escalate in the work environment and lead to workplace bullying. However, there is lack of documented workplace bullying in Cape Town psychiatric hospitals, especially among nursing staff in public hospitals. Therefore, this study aims to investigate workplace bullying in a psychiatric setting in the Western Cape.

1.3. Problem Statement

With the change of the South African political regime in 1994, came a change of leadership, which represents an interesting topic for exploring, whether leadership has any particular impact on workplace bullying. Therefore, it is ever more important for employers to be knowledgeable on the effects of workplace bullying, in order to fight this phenomenon, effectively. Institutions need policies to control the occurrence of bullying in the workplace.

In a study conducted by Steinman (2003), 50.6% of the respondents were unaware of any policies in place to manage workplace violence. It is important for policies to be in place, so that staff members can be aware that they can report this behaviour to managers. This study intends to highlight workplace bullying and the above-mentioned problems in one of the psychiatric hospitals in the Western Cape, with the aim to improve the management policy.

1.4. Aim of the study

The aim of the study is to investigate workplace bullying among nurses at a psychiatric hospital in the Western Cape.

1.5. Objectives

1. To determine the prevalence of workplace bullying occurs among nursing staff in a psychiatric hospital.

2. To identify the perpetrators of bullying and the resources available for nursing staff who are experiencing workplace bullying at the psychiatric hospital under study.

3. To determine the action that the victims have taken after being bullied at this hospital.

4. To identify the types of workplace bullying that occur among nursing staff at the psychiatric hospital under study.

5. To determine the relationship between workplace bullying and socio-demographic factors.

1.6. Significance of the Study

There are currently no policies in place on workplace bullying at the hospital under study. This research intends to inform policy-making around workplace bullying. Patients, health care professionals and the community should benefit from the findings of this study, because of the knowledge that will be gained about abuse and the awareness of what nurses have to endure in the workplace on a daily basis.

1.7. Definition of Concepts

- **Bully–**Is a person, who deliberately intimidates or persecutes others with an inferior standing among health care providers or a difference in race or age.

- **Workplace–** Refers to the place where people work. In this study, it is the hospital under study.

- **Workplace bullying–** In this study, workplace bullying will be defined as 'A situation, where one or several individuals, persistently, over a period of time, perceive themselves to be on the receiving end of negative actions, from one or several persons, where the target of bullying has difficulty in defending him/herself against these actions'.

- **Nursing staff**– In this study, nursing staff will refer to the person, who is trained to care for the mentally ill patient at a psychiatric institute. This will include all the categories of nurses from Nursing Assistants, Enrolled Nurses and Registered Nurses.

- **Day shift –**Refers to nursing staff working for a specific period during the day.
- **Night shift –**Refers to nursing staff working for a specific period during the night.
- **Perpetrators –**In this study, the perpetrators will be the people, who commit the harmful act of bullying others.
- **Resources –**For the purpose of this study, resources will refer to strategies, put in place to help victims of workplace bullying, such as a policy, which explains what to do, when one is bullied in the workplace.

1.8. Layout of the Report

Chapter 1 presents an overview of the study.

Chapter 2 conducts the literature review.

Chapter 3 provides the research methodology.

Chapter 4 yields the findings of the study.

Chapter 5 presents the discussion of the results.

Chapter 6 offers a summary of the findings, the limitations of the study and suggests recommendations.

1.9. Conclusion

The researcher chose the topic of workplace bullying among nursing staff at a psychiatric hospital, because it occurs frequently and quite intensely, at times. In the following chapters, the researcher will discuss the currently available, existing research studies in the literature review, the research methodology followed during this study, the findings of the study and the discussion of the results. The researcher, finally, suggest some recommendations and acknowledge the limitations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In this literature review, the researcher discusses the existing literature accessed, in order to obtain more information related to the study's topic – workplace bullying among nursing staff at a psychiatric hospital in the Western Cape. This chapter focus is on the definition of workplace bullying; why it occurs; impact and consequences of workplace violence on nurses; how workplace violence is measured; and lastly possible intervention or management strategies.

2.2. Definition of workplace violence

Bullying can take on many forms such as personal bullying, work-related bullying, and physically intimidating acts according to Einarsen, Hoel and Notelaer (2009). Namie (2003) viewed bullying as a continuum that starts with incivility, which progresses to bullying, and ultimately culminates in workplace violence. Workplace bullying refers to recurrent aggressive behaviour, through malicious, spiteful, hurtful, or embarrassing attempts to destabilise an individual, or group of employees (Chappell & Di Martino, 2006, p. 20).

For the purpose of this study, bullying in the workplace was defined as irrational acts of aggression performed by individuals (or groups) against nurses (individuals or groups), such as workload with extra hours, aimed at intimidating, degrading, humiliating, undermining nurses or acts that pose a risk to their health and safety.

The most important determining factors of bullying in the workplace are the individual traits of employees, as well as aspects of the environment in which they work (Baillien, Neyens, De Witte& De Cuyper, 2009; Leymann, 1996). A research study conducted on workplace bullying, by Johnson and Rea (2009, p. 84), revealed that 27.3% of nurses working in an emergency room, disclosed that they were subjected to bullying, while on duty. About half of the victims identified managers or directors as the perpetrators, while another quarter of the victims accused fellow nursing staff members. Occupational stress and staff shortages create

an environment that is conducive to bullying (Simons & Mawn, 2010) and nurses, who are stressed, are not able to perform their duties competently, thereby increasing the chances of errors in clinical practice. These victims of bullying in the workplace may suffer symptoms, which are similar to those of post-traumatic stress disorder, while on duty (Felblinger, 2008, p. 234).

2.3. Reasons why bullying occurs and persists in the workplace

Nurses, who experience bullying in the workplace, often, endure many physical and psychological challenges, such as high stress or post-traumatic stress disorder, low self-esteem, sleep disturbance, anxiety, and a considerable deterioration in their job functioning. Since nurses spend the largest part of their days at work, it has been determined that exposure to bullying behaviours, adversely affects patient care and job fulfilment. In addition, the victims of workplace psychological violence experience social relationships as challenging, inside and outside of the workplace (Gaffney, DeMarco, Hofmeyer, Vessey & Budin, 2012). They also experience a lack of support for victim nurses in the workplace and a philosophy of non-disclosure (culture of silence) that protects the perpetrators. The findings of a study conducted on 232 Turkish nurses, regarding individual and organisational reasons for horizontal bullying, highlighted negative performance appraisals and equipment allocation (Katrinli, Atabay, Gunay & Cangarli, 2010). All nurses are entitled to work in a safe, non-violent setting and have right to make their own informed decisions. When this prevails, nurses are encouraged to remain in the nursing profession.

2.4. Changes in political regime and workplace bullying

Internationally, researchers agree that bullying is a common occurrence in the workplace (Hoel, Cooper & Faragher, 2001; Zapf, Einarsen, Hoel & Vartia, 2003). Researchers, therefore, need no further motive to investigate the bullying phenomenon, globally. With the change in political leadership, workplace bullying might have increased, causing this problem to soar among socio-demographic groups. A concern, highlighted by the report into the Mid Staffordshire public inquiry, was an increased awareness of bullying over the past 10-20 years, due to its consequences for nurses, as well as patients (Francis, 2013). Institutions have to take the necessary action to ensure a safe, non-violent workplace environment and thereby prevent bullying.

During the Apartheid years, only certain race groups were given opportunities to be in leadership or to manage institutions. Presently, South Africa is a democratic country, with equal rights for its entire population. The change in the political regime yielded many problems in South Africa, one being workplace bullying, which has become a common problem in most institutions. Several studies reveal that people handle stress differently, and that improved, personal life-skills resources could counter the impact of stress (Glasø, Matthiesen, Nielsen & Einarsen, 2007; Vessey, DeMarco, Gaffney & Budin, 2009). To date, only two studies that investigated whether one gender group experiences more workplace bullying than the other, have been conducted in South Africa (Pietersen, 2007; Steinman, 2003). Research also suggests that, when employees are subjected to a positive experience of the diversity in African organisations, harmony and effectiveness could be the result (Nyambegera, 2002).

2.5. Impact and consequences of workplace bullying

Workplace bullying affects patient outcomes, increases occupational stress and exacerbates staff turnover. Currently, in South Africa, workplace bullying is receiving more attention, however, there is concern that the country is lagging behind First World countries, in the research of this problem. Many countries have been concentrating on raising an awareness of bullying, as a preventative measure (Johnston, Phanhtharath & Jackson, 2010; Mistry & Latoo, 2009),while highlighting its implications on the victim's well-being and job functioning, as well as on the institution in question (Einarsen, Hoel & Notelaers, 2009; Johnson 2009). The risk of clinical errors are high, when nurses experience symptoms of post-traumatic stress disorder (Felblinger, 2008), due to bullying. In cases like these, the organisation suffers, because of a decrease in nursing productivity and the loss of competent nurses.

Studies of violence suggest that many nurses have become victims of various bullying behaviours, and that their managers were the main source of these behaviours (Yildirim& Yildirim, 2007, p. 505). The role of leadership, in perpetuating violence over time, has been proven internationally, however, it remains under-reported, especially in South Africa (Cunniff & Mostert, 2012). It is difficult for victims to convince others of psychological violence (Hutchinson, Vickers, Jackson, &Wilkes, 2006), which causes other individuals or

colleagues to experience emotional discomfort (Ishmael, 1999). Research studies have also revealed that bullying by a superior/manager is liable to cause more hurt, than bullying by a staff member or colleague (Deniz & Ertosun, 2010).

Previous research studies have focussed mainly on absenteeism and staff turnover, regarding the organisational outcomes of workplace bullying. A study in Norway revealed that workplace bullying only accounted for one per cent of the organisation's total absenteeism (Einarsen & Raknes, 1997). In a Finnish study of health sector workers, the figure increased to two per cent of total absenteeism (Kivimaki, Elovainio & Vahtera, 2000). Recurrent aggressive behaviour, namely verbal, physical or any other form, perpetrated by one, or more, person/s on another in the workplace, could be construed as denying an individual the right to dignity, while on duty.

It has been determined that exposure to bullying behaviour, such as verbal abuse, has a negative effect on the nurse's self-esteem, job satisfaction, morale, patient care, work productivity and practice error rates (Braun, Christel, Walker& Tiwanak, 1991; Cox, 1991). It has also been determined that individuals, who are exposed to psychological violence, are unable to perform their duties efficiently, and are absent from work more often, as a direct result of the damage that had been inflicted on them (Chappell & Di Martino, 2006).

The adverse effects of bullying in the workplace range from lower productivity and motivation among nurses, to higher health care costs, as well as the eventual loss of human resources (Leymann, 1996; Hoel & Cooper, 2001), when victims decide to leave the nursing profession. Bullying presents a serious problem in the nursing sector because it eventually causes substantial damage to the health care organisations and, ultimately, the community. This is supported by a conclusion drawn by Fox and Spector (2004) that, when certain employees' negative behaviours harm other individual employees, and in turn, the organisation that employ them, it should be categorised as 'counterproductive workplace behaviours'.

In summary, workplace bullying has a negative impact on the hospital as an institution, the nursing staff, as well as the users of the healthcare services. Therefore, when the bullying of nurses occurs in the professional workplace, it could be an asserted that the management of nursing, or the health care services, sanction it (Hutchinson *et al*., 2006; Lewis, 2006).

2.6. How workplace bullying is measured

A frequently used instrument to measure workplace bullying is the Negative Acts Questionnaire Revised (Einarsen & Raknes, 1997). These authors define workplace bullying "as a situation where one or more individuals, persistently over time, perceive themselves to be on the receiving end of negative actions from one, or several others, and where the victim finds it difficult to defend him/herself against these actions". For the purpose of this current study, the researcher found it appropriate to make use of this tool to measure the data, in order to understand what transpires, when someone is continuously subjected to antisocial behaviour in the workplace. This instrument is also free to use for non-commercial research projects. Other instruments used are the Leymann Inventory of Psychological Terrorization (Leymann, 1990) and the Work Harassment Scale (Bjorkqvist & Osterman, 1992).

The researcher, in consultation with the study supervisor, decided to divide the questionnaire into 3 sections. The first section obtained basic data on personal and workplace information. The second section focused on bullying and factors that may contribute to bullying. The third section described the characteristics that could be associated with workplace bullying. The questionnaire made it possible to obtain data from the participants, who were unaware that they may have been victims of bullying, since it appeared to them as if such incidents were normal – all in a day's work. The reasons for this could also be that the participants were too embarrassed and scared to disclose their being subjected to bullying, for fear of management gaining knowledge of their disclosure. After the ethical considerations were explained to the participants, they appeared more at ease to answer the questionnaires.

2.7. Possible interventions or management strategies of workplace bullying

A study by Hoel and Giga (2006) presented improvement of the work environment as the main focus of their interventions. Their research suggests that adequate support should be accessible in the workplace, so that nurses could speak up about this problem and not allow perpetrators to be exonerated. Organisations should implement a 'zero tolerance policy' (Clearly, Hunt, Walter& Robertson, 2009) towards bullying in the workplace and should offer education and counselling to all its employees, victims, as well as perpetrators (Centre for American Nurses, 2008). The leaders in the nursing sector should support vulnerable staff

members, by providing constructive feedback and advice, when the situation demands it (Randle, Stevenson & Grayling, 2007).

Policies should be put in place to act as guidelines when staff members are confronted with workplace bullying behaviours. These policies should be a guide to the employer, to equip the mental health care provider with the required skills to provide safe patient care, and to ensure the safety of fellow colleagues, in order to enhance the profession of nursing.

According to the Centre for American Nurses (2008), all healthcare organisations should implement policies that promote zero tolerance, regarding disorderly, aggressive behaviours. These policies should include a professional code of conduct and educational, as well as behavioural interventions, to assist nurses in addressing the problem. The Centre acts as a support policy-maker and assists with the development of legislation, regulations and standards that endorse the safety of patient care and oppose all forms of bullying in the workplace.

When policies against workplace bullying are put in place, organisations should always investigate allegations of workplace bullying, and take responsibility for it. Nursing staff, who are victims of bullying, should be supported to disclose the incidents to colleagues, as well as their superiors in the organisation, rather than only relying on the support of friends and family. Should organisations not address these concerns sensitively, the victims of bullying could decide to leave the profession permanently (Vessey *et al*., 2009).

2.8. The prevalence of workplace bullying

Research, conducted by Johnson and Rea (2009), on workplace bullying revealed that 27.3% of 249 emergency room nurses admitted to being bullied in the workplace. Studies, conducted on the bullying of nurses, have revealed that the nurse's risk of exposure to violence is higher than any other health care personnel (Ferrinho, Biscaia, Fronteira, Craveiro, Antunes, Conceição & Santos, 2003; Mayhew & Chappell, 2001; Quine, 1999; Rutherford & Rissel, 2004). The findings of a study by Cox (1987) revealed that most nurses (97%) had been involved in incidents of verbal abuse, while a study by Yildirim and Yildirim

(2007) established that 86% of the nurses had experienced one, or more, incidents of bullying behaviour, within the previous 12 months. These authors, therefore, all agree that verbal abuse was the most common type of bullying faced by nurses in the workplace. These behaviours often include loudly reprimanding and embarrassing nurses in the presence of patients, and/or other employees in the ward, by high ranking officials in the organisation (Lewis, 2001).

Workplace Bullying in the workplace is, therefore, a problem that is quantifiable, and psychologically affects nurses, negatively, while hampering their performance.

2.9. Conclusion

Workplace bullying is disruptive and negatively affects the retention of competent staff. If organisations aim to provide a working environment that is safe and free from bullying, they should ensure that policies are in place and strictly adhered to by all staff members. Similarly, on admission, patients should to be advised about these policies, as well as the consequences of violation. Therefore, it is important to create a helpful and supportive environment for the patient, as well as a safe working environment for the nurses.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes the methodology followed for this study, elaborates on the aim of the study, and on how the researcher selected the instrument to be used. The researcher made use of the quantitative research approach to determine the extent to which workplace bullying occur among nursing staff, because the different aspects related to bullying was quantified.

A layout of the procedure that was used during data collection, as well as the selection of the respondents is also provided. The ethical considerations during the research process are described at the end of this chapter.

As previously noted in the literature review, bullying is a phenomenon that affects patient outcomes and increases occupational stress and staff turnover. This causes the organisation to suffer, because of a decrease in nursing productivity.

3.2 Research design

The research design is cross-sectional, because it involves the collection of data, during one period, with different subjects (Pilot & Beck, 2008, pp. 206-208) for cost effectiveness. Therefore, in this research project the researcher aimed to determine the extent to which workplace bullying occurred among nursing staff at a psychiatric hospital in the Western Cape.

3.3. Research setting

This study was conducted at a psychiatric hospital in the Western Cape. This hospital forms part of the Associated Psychiatric Hospitals (APH). It operates in the Mitchell's Plain Health District of the metro and serves as referral facility to approximately one third of the population of the Western Province. It is divided into 2 sections, namely Intellectual Disability Services (IDS) and Psychiatric Services. The psychiatric services section is further divided into sub-sections, which include Adolescent Services, such as the Adolescent Unit (LAU) and Psychosis Recovery Unit (LAPRU). These are the only two adolescent units on

the psychiatric side, as well as in the hospital. Also on the psychiatric services section there are the adult male and adult female admissions and forensic units. The IDS section is made up of wards servicing mild, to moderate, to severe, intellectually disabled patients, as well as wards for spastic patients. The researcher conducted this research in all the units, throughout the hospital, to determine whether incidences of workplace bullying have been reported.

The researcher is currently an employee at the setting where the research was conducted, therefore, making the accessibility of data easier for the researcher. The researcher also share a great passion for the topic chosen for this research since she have witnessed on many occasions what workplace bullying can do to nurses at this particular setting.

3.4. Population and Sampling

3.4.1. Population

Brink *et al*. (2006, p. 123) state that a study population is the total group of people of interest to the researcher. In this study, the population constituted all the nurses working at the Psychiatric Hospital under study in the Western Cape. The total number of nursing staff is 438. This number comprises all nurses working on day duty (376) and (62) nurses on night duty. In the IDS section, the researcher established that one registered nurse worked along with one enrolled nurse and two nursing assistants during the day, and at night, only one enrolled nurse worked with one assistant nurse in the wards. The staffing numbers were the same for the psychiatric section, but there were more registered nurses on duty in the wards during the day.

The researcher only selected nursing staff to participate in this study, as nurses spent the largest part of their day on duty, and are mostly in contact with patients and the multidisciplinary team, working a total of 40 hours per week (160 hours per month). Conversely, the multidisciplinary team only had contact with patients and nursing staff for a few hours of the week. The option to use nursing staff only, was supported by the lack of research done in the Western Cape on workplace bullying among nursing staff. Researchers could find only one study done in South Africa that investigated the prevalence of workplace bullying on the web (Work Trauma, 2010).

3.4.2. Sampling

The sampling method selected for this study was random sampling. This sampling method allowed all the respondents an equal chance of being included in the sample (Brink*et al*., 2006, p. 126). The researcher drew up a list of names of possible participants, and the sample was randomly selected from this list.

3.4.3. Determination of the sample size

The required sample was 378 nurses working at a Psychiatric Hospital. The sample size was determined by setting up the assumptions that applies, in order to compute the sample size (n) as indicated in the equation. The assumptions are:

1. The distribution of nurses at the Psychiatric Hospital under study was assumed to be normally distributed, hence 95% confidence level was used and level of significance was considered as α=5%, therefore $Z_{\alpha/2} = 1.96$.
2. Since there is no study in Cape Town on bullying in the psychiatric hospitals, the true bullying prevalence was adopted from other studies, 31.1% (Cunniff & Mostert, 2012, p. 1).
3. The design effect (Deff) was taken from the previous study in South Africa and this was estimated to 2.
4. The researcher desired to apply the power of 90% in order to obtain the true value comprise between 5% and 40%, therefore, the relative precision (d) was 20%.
5. It should be abnormal to consider (n) in the previous assumptions without taking into account the effect of the internal migration and no response rate. The proportion of participation in most of bullying prevalence varies between 80% and 90 %, (WHO, 2007) the study considers a rate of no response of 10%

The sample size (n) was computed as below:

Table 3.1: OpenEpi, Version 3, open source calculator--SSPropor

Sample size for Frequency in a population	
Population size(for finite population correction factor or fpc)(*N*):	438
Hypothesized % frequency of outcome factor in the population (*p*):	50%+/-10
Confidence limits as % of 100(absolute +/- %)(*d*):	10%
Design effect (for cluster surveys-*DEFF*):	1.5

Sample size(*n*) for various confidence levels	
Confidence Level (%)	**Sample Size**
80%	57
90%	89
97%	140
99%	181
99.9%	252
99.99%	305

3.4.4. Sampling frame

The sample represented the nurses, who worked on day duty and night duty (See Table 3.2.In the IDS section, on day duty, one registered nurse worked with one enrolled nurse and two nursing assistants, while on night duty, only one enrolled nurse worked with one nursing assistant in each ward. An enrolled nurse is allowed to administer medication, but only under the supervision of the registered nurse. The researcher found that on the psychiatric section, two-four registered nurses worked with one or two nursing assistants during the day and at night one enrolled nurse worked with one nursing assistant in each ward. The researcher drew up an alphabetical list of the nurses' names that was used as the sampling frame.

Table 3.2: Research population

Nursing categories	Number of nurses	Sample size required
Enrolled nurses	79	73
Nursing assistants	189	154
Registered nurses	144	126
Assistant managers	9	8
Operational managers	17	17
Total population	**438**	**378**

3.4.5. Inclusion criteria

For the purpose of this study, all categories of nursing staff, who had been employed at the Psychiatric Hospital under study for at least 12 months, was included in the study.

3.4.6. Sampling procedure

A list of nurses working on day and night duty was drawn up and a number was placed alongside each name. The numbers were written on slips of paper and placed in a bowl. The slips were drawn, one-by-one, from the bowl, the number was recorded and the slip replaced in the bowl to give all the respondents an equal chance of being selected. This process, called 'random sampling with replacement', was repeated until all the respondents were chosen. If a number was drawn twice, the researcher ignored it and replaced it (Brink *et al*., 2006, p. 127).

3.5. Data collection

Before the data collection process commenced, the researcher obtained permission from the Hospital's Ethical Committee, to do the data collection. As soon as the research proposal was approved, the researcher started with the data collection process. The researcher handed out the structured questionnaires to all the categories of nursing staff, who worked at the psychiatric hospital under study, after also obtaining permission from the operational managers of each ward. Most of the participants requested that the questionnaires be left with them in the wards, to be collected later by the researcher. As the researcher did the data

collection during lunch times, it made good sense to leave the questionnaires for the participants to fill in at their convenience. This process was completed within a three-month period, from February to March 2015. The capturing of the data was validated by a statistician, after the data collection was done.

The questionnaires were hand delivered by the researcher to the different units of the hospital under study. These units include psychiatric units and intellectual disability units throughout the institution. The researcher explained the purpose of the study to both day and night shift staff, as arranged by the unit managers. The questionnaires were handed to staff and left with them, to be collected at a later stage, as most of the participants preferred to complete the questionnaires at a convenient time. This made data collection difficult for the researcher, at times having to return, more than once, to the same units to collect questionnaires.

As mentioned earlier, the total population for this study was N = 438 and for the purpose of the pilot study, 33 questionnaires were collected. In order to avoid a higher rate of non-response, the researcher decided to distribute the questionnaires to all the staff remaining (405). This is (N= 438) minus the pilot study of (33) questionnaires. A total of 152 questionnaires (37.7%) were eventually returned, of which the researcher selected only 119 questionnaires that were fully completed. Therefore, the results presented in this study emerged from data collected from a sample of 119 nurses, employed at the psychiatric hospital under study. The low response rate is of concern to the researcher but it is possible that only respondents who found the topic relevant responded. It can also be said that no generalization can be made with results since the researcher chose only one institution to do the study at. However, considering how serious the problem of workplace bullying is, even one nurse being bullied is one too many. It is therefore very clear that interventions are needed at the institution in question.

3.6. Data collection instrument

In this study, the researcher made use of a structured, modified questionnaire, the Negative Acts Questionnaire Revised (NAQ-R) (Einarsen & Raknes, 1997), to determine the extent to which workplace bullying occur among nursing staff at a psychiatric hospital in the Western Cape (Giorgi, 2008). The questionnaire consisted of the following: demographic variables;

health related variables; scales on psychological traits; single questions and scales on harassment and bullying; and scales and questions on perceived work environment quality. The NAQ-R was chosen because it is, currently, the most widely used instrument for measuring workplace bullying (Giorgi, 2008, p. 71). The questionnaire was compiled in English, which is the medium of instruction at tertiary institutions in South Africa. In addition, the adapted questionnaire (The Negative Acts Questionnaire-Revised), totaling fifty-eight (58) questions, was sub-divided into three sections.

Section one (1) of the questionnaire focuses on the demographic information of the respondent; twenty four (24) questions that request information on the respondent's age, gender, marital status, ethnic group, whether the respondents moved from another country, years of experience in the health sector, and whether they are working in shifts. In addition, this section requests information on patient contact, the type of patients most frequently attended to, as well as the sex of these patients. The area/setting of duty/service, the number of staff in the same setting, whether procedures for reporting violence in the workplace are in place, whether the respondents are aware of these procedures; and to whom they should report workplace bullying, are also requested.

Section two (2) of the questionnaire focuses on bullying, referred to as repeated, unreasonable actions of individuals (or groups) directed at nurses (or a group of nurses), such as a workload with extra-hours, which is intended to intimidate, degrade, humiliate, or undermine, or which creates a risk to the health and safety of the nurses (Baillien *et al*., 2009). This section consists of twelve (12) questions that request information about how often respondents had been bullied in the workplace. The response categories are yes, no, all the time, sometimes, once.

Section three (3) of the questionnaire focuses on the respondents' perceived rate exposure to workplace bullying, for which the response categories are: strongly disagree, disagree, neutral, agree and strongly agree. A total number of twenty-two (22) questions are explored in this section.

In this study, the questionnaire was completed by the respondents, in their own time, as the researcher left the questionnaire with them, in the wards, for collection later.

3.7. Pilot study

The researcher conducted a pilot study beforehand, to test the validity and reliability of the data collection instrument. For the purpose of the pilot study, thirty-three (33) questionnaires were collected. The obtained data was analysed to determine whether any problems or weaknesses were present. The participants of the pilot study were excluded from the main survey. The researcher informed the participants that candidates, who participated in the pilot study, would be excluded from main study, and should not resubmit questionnaires or consent forms.

The pilot study allowed the researcher to identify and address any possible, minor problems, such as confusing statements, as well as determine the time it would take the participants to complete the questionnaires. The pilot study was conducted over a period of a month, in January 2015, and excluded the data collection period of three (3) months. Following the pilot study, the researcher confirmed that the data collection method was effective, and that the respondents had no difficulty in completing the questionnaires.

3.8. Validity and Reliability

3.8.1. Validity

Validity refers to the degree to which the instrument measures what it is intended to measure (Brink, 2010). Content validity was an important consideration in the design of the questionnaire. The proposed questionnaire had been used in similar studies and minor amendments had been made to the existing questionnaire, therefore, to ensure validity, the questionnaire for this current study was adapted from the Negative Acts Questionnaire-Revised, as elaborated by Einarsen *et al*. (2009). The Negative Acts Questionnaire- Revised is free to use for non-commercial research projects. The instrument was submitted to peers for comments and suggestions and reviewed by the study supervisor, as well as the statistician, before the final version was administered, during the data collection. The questionnaire was not translated into any local language, however, during the data collection, the explanations were provided to the participants, before the completion of the questionnaires. Face validity was tested by asking experts to express their opinion, as to whether the questionnaire would test what it should be testing. This process helped the researcher to determine readability and clarity of the content (Brink*et al*., 2006, p. 160). The Cronbach Alpha coefficient was applied to determine the internal consistency and the internal validity of the instrument.

3.8.2. Reliability

The reliability refers to the degree to which an instrument is consistent and able to be re-tested (Brink, 2010). Validity and reliability were determined by the preliminary pilot study. To ensure reliability in this study, the Cronbach Alpha coefficient was applied with a value of 0.7 and above. The reliability was also ensured through the factor analysis, since this technique was applied in the data analysis.

However, the results cannot be generalised to other psychiatric hospitals, because the study was limited to one hospital.

3.9. Data analysis

Statistical methods enabled the researcher to reduce, summarise, organise, manipulate, evaluate, interpret and communicate quantitative data (Brink*et al*., 2006, p. 171). The data analysis was done with the assistance of a statistician. The study used statistical analysis that included descriptive statistics and bivariate analysis. The bivariate analysis uses descriptive statistics; consequently, it calculated the frequency, proportion, mean and standard deviation of individual items, in order to describe workplace bullying. Also, the total score of the NAQ-R, adapted for the setting in South Africa (Einarsen & Hoel, 2001), was computed and the mean and standard deviation was determined to interpret the findings. To determine the association/relationship between variables, the Kolmogorov-Smirmov test was applied, to test the normality of the two variables, before deciding on the application of either the Pearson or Spearman'rho correlation. To establish the difference in means, a t-test and ANOVA was applied. EXCEL and SPSS 22 software were used as tools.

3.10. Ethical considerations

Before the research study was conducted, *permission* was obtained from the Senate Research Ethics Committee at the University of the Western Cape (Reg. No 14/9/30). The research proposal was submitted to the hospital management and to the hospital research team to ensure that the study adheres to the ethical standards of a research process. Participants were asked permission to participate in the study by offering them a consent form to fill in whereby this was seen as their permission to participate in the study. Permission to conduct the study at the psychiatric hospital under study was granted on 26 November 2014.

Concerning *informed consent*, written consent was required from the respondents, who agreed to participate in the study. The consent form informed the respondents that they had the right to withdraw from the study at any time, without prejudice, and should only disclose information that they were comfortable with (Cahana & Hurst, 2008). Participation in the study was strictly voluntary and no one was coerced to participate in the study.

Regarding *confidentiality* and *anonymity*, the researcher guaranteed *confidentiality* by ensuring participants that no information given will be divulged or made available to any other person and the research process was explained, in detail, for the participant's benefit. *Anonymity* in the research project ensured that only information related to the study was collected and did not interfere with the participants' privacy. The data collected was kept confidential, as the questionnaires did not reveal the identity of the healthcare institution or the participant's name. Questionnaires will be kept in a locked cupboard with only the researcher to have access to this cupboard. However, after the participants agreed to participate in the study they were informed that the data given must be included in the research report but that it will not be possible to relate the particular data to a particular person or institution.

Fair selection of the respondents was ensured through probability sampling that provided everyone in the population an equal chance to be included in the research project. Data collection was also at a time that was convenient to all the respondents. The value of this research study is that it provides a clear perspective, to the researcher and the management of the psychiatric hospital under study, of the extent, to which workplace bullying occurs among nurses in the workplace. This study was done with the aim to improve conditions around workplace bullying at the institution in question and will give a clear picture to management as to how to manage this problem more effectively.

There were minimal risks associated with participating in this research project, such as possible mixed emotions (anger, humiliation and depression). The research supervisor, who is an experienced psychiatric nurse, conducted debriefing sessions with the respondents, when requested.

3.11. Conclusion

In this chapter, the research methodology was discussed in terms of the research setting, research design, sampling, data collection, data analysis and ethical considerations. The criteria used for the sampling of participants in the pilot study were discussed and explained. The instrumentation, as well as its validity and reliability were discussed. The chapter concluded with a description of the ethical principles that the researcher adhered to, during the entire research process.

In the next chapter, the researcher presents the analysis and results of data collected from the nursing staff victims of bullying, at a psychiatric hospital in Cape Town.

CHAPTER 4

PRESENTATION OF DATA ANALYSIS ANDRESULTS

4.1. Introduction

In this chapter, the researcher presents data analysis results, regarding nursing staff victims of bullying, at a psychiatric hospital in Cape Town. The results on the socio-demographics of the respondents are followed by results related to the objectives, namely:

4.2. Research objectives

1. To determine the prevalence of workplace bullying occurs among nursing staff in a psychiatric hospital.
2. To identify the perpetrators of bullying and the resources available for nursing staff who are experiencing workplace bullying at the psychiatric hospital under study.
3. To determine the action that the victims have taken after being bullied at this hospital.
4. To identify the types of workplace bullying that occur among nursing staff at the psychiatric hospital under study.
5. To determine the relationship between workplace bullying and the socio-demographic factors.

4.3. Socio-demographic results

In this section, the socio-demographic variables are presented through frequencies and percentages. This section consisted of twenty-four (24) questions that essentially requested the respondent's age, gender, marital status, ethnic group, professional group, whether they had moved from another country, years of experience in the health sector, and whether they worked in shifts. In addition, information on patient contact, the type of patients most frequently attended to, the sex of these patients, the area/setting of the respondents' duties, as well as the number of staff working in the same setting are requested. Finally, the questionnaire requested whether procedures for the reporting of violence in the workplace were in place, whether the respondents were aware of these procedures, and to whom

workplace bullying had to be reported. One hundred and nineteen (119) respondents answered this section, but did not complete all of the questions. From theses, 23 questionnaires were uncompleted.

4.3.1. Age, Gender and Marital status of respondents

Table 4.1 indicates the age, gender, marital status, ethnic group and professional group of the respondents. The results from Table 4.1 showed that for age, of the 119 respondents, 2(1.68%) did not disclose their age group, as opposed to 117(98.32%), who did. Of the 98.32%, who did disclose their age, the highest proportion of respondents (27.35%) was in the age group of 40-49 years, and the lowest (23.08%) was in the age group of 20-29years.

With gender, the results in Table 4.1 indicated that of the 119(100%), 110(92.4%) declared their sex whilst 9(7.6%) did not declare their sex. Of the 92.4%, 76.4% were female while 23.6% were male. Judging by these figures, it can be concluded that the nursing staff at the psychiatric hospital under study are predominantly female. Table 4.1 also shows the marital status of the 119 respondents sampled and 117(98.3%) disclosed their marital status compared to 2 (1.7%) who did not. Of the 117(100%), who disclosed, 65(55.55%) were married, 44(37.55%) were single and 1(0.9%) was living with a partner and 7(6%) were separated/divorced.

Table 4.1: Age, Gender and Marital status of respondents

Age-group	Frequency	Percent
20-29	27	22.7
30-39	29	24.36
40-49	32	26.9
50-59	29	24.36
Missing	2	1.68
Total	**119**	**100**
Gender	**Frequency**	**Percent**
Male	26	21.8
Female	84	70.6
Missing	9	7.6
Total	**119**	**100**

Marital Status	Frequency	Percent
Single	44	37.0
Married	65	54.6
Living with partner	1	0.8
Separated/divorced	7	5.9
Missing System	2	1.7
Total	**119**	**100.0**

4.3.2. Ethnicity, Professional group, Current position and Nursing experience of respondents

Table 4.2 shows that, of the 110(100%) respondents, who disclosed their ethnicity, 55(50%) coloured and 53(48.2%) were black, 2(1.8%) were ethnic Indian or White. The figures in Table 4.2 indicated the results of this sample, which probably confirmed that the psychiatric hospital under study employed more coloured nurses, compared to other ethnic groups. Regarding their professional group, Table 4.2 shows there were 37(33.1%) registered nurses, 22(19.6%) staff nurses and 53(47.3%) auxiliary nurses. These figures indicated that there were more auxiliary nurses, than registered nurses and staff nurses. Table 4.2 indicated the current position of the respondents, with 82(93.2%) being staff, 3(3.4%) being senior management and 3(3.4%) being line managers. Table 4.2 also indicated the respondents nursing experience – the highest number, 30(26.8%), had 20 years or more, and the lowest number, 8(7.1%),had 11 to 15 years' experience in their nursing career.

Table 4.2: Ethnic, Professional group, Current position and Nursing experience of respondents

Ethnic	Frequency	Percent
Black	53	48.2
Coloured	55	50
Indian/white	2	1.8
Total	**110**	100

Professional group	Frequency	Percent
Registered nurse	37	33.1
Staff nurse	22	19.6
Auxiliary nurse	53	47.3
Total	**112**	**100**
Current Position	**Frequency**	**Percent**
Senior management	3	3.4
Staff	82	93.2
Line manager	3	3.4
Total	**110**	**100**
Nursing experience	**Frequency**	**Percent**
< 1 year	15	13.4
1-5	27	24.1
6-10	20	17.9
11-15	8	7.1
16-20	12	10.7
>20	30	26.8
Total	**112**	**100**

4.3.3. Harassment and Violence at the workplace

In this section, the researcher intended to identify the harassment and violence at the workplace. Several questions were addressed with the respondents:

"Do you work anytime between 19h00 (7pm) and 07h00 (7am)?"

The results from this question in Table 4.3a indicated that, of the 111 (100%) respondents, who answered the question, 94 (84.7%) replied with a 'yes', and 17(15.3%) replied with a 'no'. To the question:

"Do you have routine direct physical contact (washing, turning and lifting) with patients?"

The results to this question were that 88(80%) replied 'yes' and 22(20%) replied 'no'.

Regarding the question:

"How worried are you about violence in your current workplace?"

The results from this question revealed that 30(27.0%) replied that 'they did not have worries at all', 23(20.7%) 'were worried', 24 (21.6%) 'were slightly worried', 13(11.7%) 'were somewhat worried' and 21(18.9%) 'were very worried'.

Table 4.3a: Harassment and Violence in the workplace

Questions and Answers	Frequency	Percent
Do you work anytime between 19h00(7pm) and 7h00am?		
Yes	94	84.7
No	17	15.3
Total	**111**	**100**
Do you have routine direct physical contact (washing, turning and lifting) with patients?		
Yes	88	80
No	22	20
Total	**110**	**100**
How worried are you about violence in your current workplace?		
Not worried at all	30	27.1
Worried	23	20.7
Slightly worried	24	21.6
Somewhat worried	13	11.7
Very worried	21	18.9
Total	**111**	**100**

Regarding the question: *"Are there procedures for reporting of violence in your workplace?"* 109 respondents replied to this question in Table 4.3b as 95(87.2%) said 'yes', and 14(12.8%) said 'no'.

97 replied to the following question:

"Do you know how to use them?"

79 (81.4%) knew the procedures, while 18(18.6%) did not know. Table 4.3b shows the results to the question:

"Is there encouragement to report workplace violence?"

91 responded, of which 67(73.6%) replied that there was encouragement, while 24(26.4%) said they did not know.

Table 4.3b shows the results of the question:

"To whom do you report?"

The replies were four-fold: 79 answered 'To management/employer', 78 (98.7%) 'yes', and 1(1.3%) 'no'; 36 answered 'To colleagues', 30(83.3%) 'yes' and 6(16.7%) 'no'; 22 answered 'To union', 14(63.6%) 'yes' and 8(36.4%) 'no'; and 20 answered 'To SANC, 8(40%) 'yes' and 12(60%) 'no'.

Table 4.3b: Harassment, violence at workplace and procedures

Questions and Answers	Frequency	Percent
Are there procedures for reporting of violence in your workplace?		
Yes	95	87.2
No	14	12.8
Total	**109**	**100**
Do you know how to use them?		
Yes	79	81.4
No	18	18.6
Total	**97**	**100**
Is there encouragement to report workplace violence?		
Yes	67	73.6
No	24	26.4
Total	**91**	**100**
To whom do you report? To Management/employer?		
Yes	78	98.7
No	1	1.3
Total	**79**	**100**
To Colleagues?		
Yes	30	83.3
No	6	16.7
Total	**36**	**100**
To the Union?		
Yes	14	63.6
No	8	36.4
Total	**22**	**100**
To SANC?		
Yes	8	40
No	12	60
Total	**20**	**100**

4.4. Prevalence of Bullying of Nursing Staff at a Psychiatric Hospital

4.4.1. Prevalence of Bullying

To determine the prevalence of bullying among respondents at the Psychiatric Hospital under study, the researcher asked the respondents the following question:

"In the last 12 months, have you been bullied in your workplace?"

Table 4.4 summarises the results of 119 respondents and indicates that 11(9.2%) did not disclose their status of bullying, while 108(90.8%) disclosed, of which, 67(56.3%) declared that they were bullied and 41(34.5%) declared that they were not. The prevalence of 67(56.3%), therefore, suggests a high level of workplace bullying, in the last 12 months, among nursing staff at the Psychiatric Hospital under study.

Table 4.4: Prevalence of bullying at the Psychiatric Hospital under study

Question and answers	Frequency	Percent
In the last 12 months, have you been bullied in your workplace?		
Yes	67	56.3
No	41	34.5
Missing System	11	9.2
Total	**119**	**100**

4.4.2. Prevalence of Bullying by Gender, Age Group, Marital status, Ethnic Group and Length of stay in nursing career

Table 4.5 indicates the prevalence of bullying by gender, age group, marital status, ethnic group and length of stay in nursing career. Table 4.5 indicates that of the 67 nurse victims of bullying in the workplace, 63 (94%) disclosed while 4(6%) did not disclose their gender. Of the 63(100%), 43(64.1%) were female and 20(29.8%) were male, suggesting that there are probably more female victims of workplace bullying, than male victims.

Regarding age group, of the 67 nurse victims of bullying in the workplace, 14(20.9%) were in age group of 20-29 years, 19(28.4%) were 30-39 years old, 17(25.4%) were 40-49 years old and 17(25.4%) were in the age group of 50-59 years. This suggests that the nurses in the age group of 30-39 years were probably the most affected by workplace bullying.

Regarding marital status, the results in Table 4.5 indicated that 22(32.8%) of the victims of workplace bullying were single, 41(61.2%) were married and 4(6%) were separated/divorced. From the figures in Table 4.5, it should be concluded that married nurses were the most bullied, compared to single and separated/divorced. Table 4.5 showed the ethnic groupings of the victims as 27 (40.3%) black African, 35(52.2%) Coloured, 1(1.5%) Indian/White. From these figures, coloured nurses were the most affected by bullying than other ethnic groups. Finally, regarding length of stay in nursing career, Table 4.5 shows that for the length of stay in nursing career, those with more than 20 years' experience, being 26.9%, were the most bullied, followed by those with 6 to 10 years, at 22.4%.

Table 4.5: Prevalence of Bullying by Gender, Age group, marital status, Ethnic group and Length of stay in nursing career

Gender	Frequency	Percent
Male	20	29.8
Female	43	64.1
Missing System	4	6.1
Total	**67**	**100.0**
Age group		
20-29	14	20.9
30-39	19	28.4
40-49	17	25.4
50-59	17	25.4
Total	**67**	**100**
Marital status		
Single	22	32.8
Married	41	61.2
Separated/Divorced	4	6.0
Total	**67**	**100**
Ethnic group		

Black African	27	40.3
Coloured	35	52.2
Indian/White	1	1.5
Missing	4	6
Total	**67**	**100**
Length of stay in nursing career		
<1year	7	10.4
1-5	12	17.9
6-10	15	22.4
11-15	5	7.5
16-20	3	4.5
>20	18	26.9
Missing	7	10.4
Total	**67**	**100**

4.5. Perpetrators of Bullying and resources used for workplace bullying by the Nursing Staff

4.5.1. Perpetrators of Bullying in the workplace

In this section, the researcher intended to identify the sources and perpetrators of bullying among nursing staff at the Psychiatric Hospital, under study. The researcher, therefore, asked the victims the following question, "Please think of the last time you were bullied in your place of work and who bullied you?" Table 4.5a revealed that of the 67 respondents, 14(20.9%) were bullied by patients, 6(9.0%) by relatives of the patients, 4(6.0%) by staff members, 13(19.4%) by management/supervisors, 3(4.5%) by the public and 27(40.2%) by other sources. In general, based on the results given in Table 4.5a, it is clear that patients are the main perpetrators with 20.9%, followed by supervisors with 19.4%, relatives of patients with 9.0% and the lowest proportion being staff members with 6.0%. In addition, Table 4.5a also indicated the sources of bullying in the workplace. These sources are supervisors, patients, staff, and relatives of patient. The respondents were also bullied by other sources, outside of the workplace. These sources are made up of people, who have no affiliation to the workplace, such as the nurses' neighbours or people around their community.

Table 4.5a: Perpetrators of bullying in the workplace

Perpetrators of bullying	Frequency	Percent
Patients/ clients	14	20.9
Relatives of patients/ clients	6	9.0
Staff members	4	6.0
Management/Supervisors	13	19.4
General Public	3	4.5
Other	27	40.2
Total	**67**	**100.0**

4.5.2. Judgement of Bullying as a typical incident and the Bullying location

In Table 4.6, of the 67 respondents, who were victims of bullying in the workplace, in the previous 12 months, 44 (65.7%) considered the act as a typical incident of bullying in the workplace, while 23(34.3%) regard the act as not being a typical incident of bullying in the workplace.

Table 4.6 also indicates the location where bullying took place. Of the 67 victims, 44(74.6%) were bullied inside the health institution or facilities, while 15(25.4%) said that the bullying took place outside/within facilities.

Table 4.6: Judgment of bullying as a typical incident and the bullying location

Questions and Answers	Frequency	Percent
Do you consider this a typical incident of bullying in the workplace?		
Yes	44	65.7
No	23	34.3
Total	**67**	**100.0**
Where did the bullying take place?		
Inside health institution or facilities	44	74.6
Outside/within facilities	15	25.4
Total	**59**	**100.0**

4.5.3. Identification of the action that victims had taken after being bullied

The following question, "How did you respond to the bullying?" was designed to assess the reactions that had been taken by the victims of bullying at the Psychiatric Hospital under study. The expected reactions were that the victims should answer, "I took no action, tried to pretend it never happened, told the person to stop, told friends/family, told a colleague, reported it to a senior staff member, sought counselling, sought help from the union, sought help from the association, transferred to another position, completed incident/accident forms and Other". Table 4.7 shows the results to the above-mentioned question.

Table 4.7: Action taken by victims of bullying

Reactions	Frequency	Percent
Took no action	2	2.98
Tried to pretend it never happened	1	1.49
Told the person to stop	3	4.47
Told friends/family	1	1.49
Told a colleague	4	5.97
Reported it to a senior staff member	1	1.49
Sought counseling	2	2.98
Sought help from the union	2	2.98
Sought help from the association	0	0
Transferred to another position	0	0
Completed incident/ accident form	1	1.49
Other	47	70.19
Missing system	3	4.47
Total	**67**	**100**

Table 4.7 shows the highest proportion of victims of bullying at the Psychiatric Hospital under study had taken action in response to the incidents of bullying in various ways, by talking to a colleague, telling the person to stop, seeking counselling or seeking help from the union. The victims who too k no action were2.98%, while those, who sought help from the association, or transferred to another position, was the lowest, at 0%.

4.5.4. Symptoms experienced due to bullying

4.5.4.1. Introduction

The possible problems that the respondents may have experienced, due to the bullying event, was assessed on the Likert-scale ranging from 1=Not at all, to 5=extremely. The researcher computed the Cronbach Alpha coefficient to test the reliability and internal validity. The Cronbach Alpha coefficient was 0.87, which was largely above the accepted cut off, of 0.7. Therefore, the reliability and internal validity were confirmed. The researcher used the descriptive analysis that included the interpretation of the frequency table, as indicated in Table 4.8, and the mean ($\boldsymbol{\mu}$) and standard deviation ($\boldsymbol{\sigma}$), as indicated in Table 4.9. The interpretation of mean and standard deviation followed the description of Agresti and Franklin (2008) as:

$1 \leq \mu \leq 1.99$: Weak mean, i.e. the fact is not apparent

$2 \leq \mu \leq 2.49$: Moderate mean, i.e. the fact appears less

$2.5 \leq \mu \leq 4$: Strong mean, i.e. the fact appears more

≥ 4 : Very high mean, i.e. strong evidence of the existence of the fact

$\sigma \leq 0.5$, i.e. homogeneity of responses

$\sigma > 0.5$, i.e. heterogeneity of responses

4.5.4.2. Analysis with Mean and Standard Deviation

The results in Table 4.8 indicate that "repeated, disturbing memories, thoughts, or images of the event" was moderate mean, which indicated that this symptom appears less and present heterogeneity of responses ($\mu = 2.2$ and $\sigma = 1.4$).

"avoiding thinking about or talking about the event or avoiding having feelings related to it" was moderate mean, which indicated that this symptom appears less and present heterogeneity of responses($\mu = 2.1\ and\ \sigma = 1.2$).

"being super-alert or watchful and on guard" revealed a moderate mean, which showed that this symptom appears less and present heterogeneity of responses($\mu = 2.3\ and \sigma = 1.4$).

"feeling like everything you did was an effort" presented a strong mean(strong evidence of the existence of this symptom) and heterogeneity of responses ($\mu = 2.5\ and \sigma = 1.4$).

In general, Table 4.8 showed a moderate mean, which indicated that this symptom appears is less and present heterogeneity of responses($\mu = 2.2\ and \sigma = 1.2$).

Table 4.8: Symptoms Experienced Due To Bullying

Problem experienced	Mean	STD.	Comments
Repeated, disturbing memories, thoughts, or images of the event?	2.2	1.4	Moderate mean and heterogeneity of responses
Avoiding thinking about or talking about the event or avoiding having feelings related to it?	2.1	1.2	Moderate mean and heterogeneity of responses
Being "super-alert" or watchful and on guard?	2.3	1.4	Strong mean and heterogeneity of responses
Feeling like everything you did was an effort?	2.5	1.4	Strong mean and heterogeneity of responses
Total	**2.3**	**1.2**	Moderate mean and heterogeneity of responses

STD= σ =Standard deviation

4.5.4.3. Prevention of the incident and Action taken to investigate the cause of bullying

To assess whether prevention should have been taken to avoid the bullying from happening and if any action had been taken to investigate the cause of bullying, the following questions were put to the victims of bullying, "Do you think the incident could have been prevented?" and "Was an action taken to investigate the cause of the bullying?"

Table 4.9 revealed that, of the 67 victims of bullying at the Psychiatric Hospital under study, 23 (34.3%) did not disclose, while 44(65.7%) disclosed. Of the 44 (100%) who disclosed, 37(31.1%) declared that the incident could have been prevented, while 10(8.4%) said that the incident could not have been prevented. From these figures, it is clear that most of the incidents could have been prevented.

With the question of whetheraction had been taken to investigate the cause of the bullying, the results in Table 4.9 indicated that of the 67 victims of bullying, there were 25(37.3%) missing cases and 42(62.7%) responses. Of the42 (62.7%), only 10(14.9%) said that action had been taken to investigate the cause of the bullying, while 32(47.8%) declared that no

action was taken to investigate the cause of the bullying. From these figures, it is clear that most of the incidents were not investigated.

Table 4.9. Prevention and investigation of the cause of bullying

Questions and Answers	Frequency	Percent
Do you think the incident could have been prevented?		
Yes	37	31.1
No	10	8.4
Missing System	20	60.5
Total	**67**	**100**
Was an action taken to investigate the cause of the bullying?		
Yes	10	14.9
No	32	47.8
Missing System	25	37.3
Total	**67**	**100**

4.5.4.4. Prevention of Bullying per Gender, Age Group and Marital status

The victims of workplace bullying at the Psychiatric Hospital, under study, declared that the bullying could have been prevented. As indicated in Table 4.10, 81.8% of males against 80% of females recognised that the incident could have been prevented. However, the association between the statement "Do you think the incident could have been prevented?" and gender indicated (chi-square = 0.017, p-value=0.89) since, p=0.89 > 0.05, it was concluded that there was no association. Table 4.10 showed that there was no association between "Do you think the incident could have been prevented?" and age-group (chi-square= 2.56, p-value=0.48). Table 4.10 showed that there was no association between "Do you think the incident could have been prevented?" and marital status (chi-square= 1.45, p-value = 0.55).

Table 4.10: Prevention of bullying per Gender, Age group and marital status

Do you think the incident could have been prevented?							
Respondents		**Yes**		**No**		**Chi-square**	**p-value and Decision**
Gender	n	N	%	N	%		
Male	11	9	81.8	2	18.2	0.017	p = 0.89 Not significant
Female	30	24	80	6	20		
Total	**41**	**33**	**80.5**	**8**	**19.5**		
Age group							
20-29	8	6	75	2	25	2.56	p = 0.48 Not significant
30-39	11	9	81.8	2	18,2		
40-49	14	9	64.3	5	35.7		
50-59	11	10	90.9	1	9.1		
Total	**44**	**34**	**77.3**	**10**	**22.7**		
Marital Status							
Single	12	10	83.3	2	16.7	1.45	p = 0.55 Not significant
Married	30	23	76.7	7	23.3		
Separated/Divorced	2	1	50	1	50		
Total	**44**	**34**	**77.3**	**10**	**22.7**		

4.5.4.5. Investigation of the cause of Bullying per Gender, Age group and marital status

The rate of bullying in the workplace is still on the increase (Owoyemi, 2010). However, the grievance procedure and proper investigation of complaints of the victims do not exist. Table 4.11 shows that there was no association between "Was an action taken to investigate the cause of the bullying?" and gender (chi-square= 0.39, p-value=0.9). It also indicates that there was no association between "Was an action taken to investigate the cause of the bullying?" and age group (chi-square= 2.16, p-value=0.58). Finally, there was no association between "Was an action taken to investigate the cause of the bullying?" and marital status (chi-square= 2.34, p-value=0.24).

Table 4.11: Investigation of the cause of bullying per Gender, Age group and marital status

Was an action taken to investigate the cause of the bullying?							
Respondents		**Yes**		**No**		**Chi-square**	**P-value and Decision**
Gender	n	N	%	N	%		
Male	10	1	10	9	90	0.39	p = 0.9 Not significant
Female	27	5	18.5	22	81.5		
Total	37	6	16.2	31	83.8		
Age group							
20-29	9	1	11.1	8	88.9	2.16	p = 0.58 Not significant
30-39	11	2	18.2	9	81.8		
40-49	14	5	35.7	9	64.3		
50-59	7	1	14.3	6	85.7		
Total	41	9	22	32	78		
Marital Status							
Single	11	1	9.1	10	90.9	2.34	p = 0.24 Not significant
Married	28	7	25.	21	75		
Separated/Divorced	2	1	50	1	50		
Total	41	9	22	32	78		

4.5.4.6. Reporting

The rate of Bullying in the workplace is still on the increase (Owoyemi, 2010). However, the grievance procedures to report the incidents do not exist.

Table 4.12: Reporting

Questions and Answers	Frequency	Percent	Valid Percent
To whom did you report?			
Management/employer	20	29.85	51.28
Union	1	1.49	2.56
Other	18	26.87	46.16
Total	**39**	**58.21**	**100**
Missing System	28	41.79	
Total	**67**	**100.0**	

What were the consequences for the person who bullied you?			
None	17	25.38	38.6
Verbal warning issued	9	13.43	20.5
Care discontinued	1	1.49	2.3
Don't know	4	5.97	9.1
Other	13	19.4	29.5
Total	**44**	**65.67**	**100**
Missing System	23	34.33	
Total	**67**	**100**	
Did your employer or supervisor provide you with counselling?			
Yes	12	17.9	30.0
No	28	41.8	70.0
Total	**40**	**59.7**	**100.0**
Missing System	27	40.3	
Total	**67**	**100.0**	
Did your employer or supervisor provide you with the opportunity to speak about/ report it?			
Yes	19	28.36	42.22
No	26	38.81	57.78
Total	**45**	**67.17**	**100.0**
Missing System	22	32.83	
Total	**67**	**100.0**	
Did your employer or supervisor provide you with other support?			
Yes	11	16.42	27.5
No	29	43.28	72.5
Total	**40**	**59.70**	**100**
Missing System	27	40.30	
Total	**67**	**100**	
How satisfied are you with the manner in which the incident was handled?			
Very dissatisfied	20	29.85	43.48
Dissatisfied	1	1.5	2.18
Neutral	9	13.43	19.56
Satisfied	9	13.43	19.56
Very Satisfied	7	10.45	15.22
Total	**46**	**68.66**	**100.0**
Missing System	21	31.34	
Total	**67**	**100.0**	

4.6. Types of Workplace Bullying occurring among nursing staff at the Psychiatric Hospital under study

4.6.1. Introduction

The Analysis of the Negative Acts Questionnaire (NAQ) was administrated to identify the types of workplace bullying, beside the single questions on bullying. The NAQ-R consists of 22 items that measure exposure to negative episodes or situations, typical of bullying, and may be regarded as quantitative inventory on exposure to bullying, according to Einarsen and Rakness (1997), as well as Mikkelsen and Einarsen (2001). The NAQ-R describes different behaviours, which may be perceived as bullying, or harassment, if they occur on a regular basis, and contains items referring to both direct (i.e. open attack) and indirect (social isolation, slander) behaviour. It also contains items referring to personal, as well as work-related, forms of bullying. The first part of the analysis uses the descriptive analysis, which explores, essentially, the interpretation of the mean and standard deviation for each item. Thereafter, in the second part of analysis, factor analysis is applied to determine the types of bullying.

4.6.2. Descriptive Statistic Results

Table 4.13 shows that the item number is in column 1, the labelling of the item in column 2, mean in column 3, standard deviation in column 4 and interpretation in column 5. The interpretation took the foundation from Agresti and Franklin (2008) as:

$1 \leq \mu \leq 1.99$: Weak mean i.e. the fact is not apparent

$2 \leq \mu \leq 2.49$: Moderate mean i.e. the fact appears less

$2.5 \leq \mu \leq 4$: Strong mean i.e. the fact appears more

≥ 4 : Very high mean i.e. strong evidence of the existence of the fact

$\sigma \leq 0.5$ i.e. homogeneity of responses

$\sigma > 0.5$ i.e. heterogeneity of responses

The results in Table 4.13 indicated that "Someone withholding information that affects your performance" was a strong mean, which indicated that there is strong evidence of the existence of the fact and heterogeneity of responses($\mu = 3.09\ and \sigma = 1.47$) with the highest

mean and "Being the subject of excessive teasing and sarcasm" with low mean (μ=2.86 and σ=1.58).

Table 4.13: Descriptive statistics results of NAQ-R items

Item no	Items	*Mean*	*STD*	Interpretation
1	Someone withholding information that affects your performance	3.09	1.47	Strong mean and HR
2	Being humiliated or ridiculed in connection with your work	3.14	1.67	Strong mean and HR
3	Being ordered to do work below your level of competence	2.97	1.56	Strong mean and HR
4	Having key areas of responsibility removed or replace with more trivial or unpleasant tasks	3.01	1.49	Strong mean and HR
5	Spreading of gossip and rumours about you	2.95	1.67	Strong mean and HR
6	Being ignored or excluded	3.1	1.64	Strong mean and HR
7	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life.	2.97	1.66	Strong mean and HR
8	Being shouted at or being the target of spontaneous anger (or rage)	3.01	1.6	Strong mean and HR
9	Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	2.96	1.64	Strong mean and HR
10	Hints or signals from others that you should quit your job	2.85	1.57	Strong mean and HR
11	Repeated reminders of your errors or mistakes	3.04	1.63	Strong mean and HR
12	Being ignored or facing hostile reaction when you approach	3.11	1.61	Strong mean and HR
13	Persistent criticism of your work and effort	3.02	1.67	Strong mean and HR
14	Having your opinions and views ignored	3.11	1.55	Strong mean and HR
15	Practical jokes carried out by people you don't get on with	2.94	1.54	Strong mean and HR
16	Being given tasks of unreasonable or impossible targets or deadlines	3.1	1.61	Strong mean and HR
17	Having allegations made against you	3.07	1.58	Strong mean and HR
18	Excessive monitoring of your work	3.11	1.6	Strong mean and HR
19	Pressure not to claim something which by right you are entitled (e.g. sick leave, holiday entitlement, travel expenses).	3.01	1.67	Strong mean and HR
20	Being the subject of excessive teasing and sarcasm	2.86	1.58	Strong mean and HR
21	Being exposed to an unmanageable workload	3.01	1.67	Strong mean and HR
22	Threats of violence or physical abuse or actual	2.89	1.63	Strong mean and HR

	abuse.			
Total		**2.98**	**1.42**	**Strong mean and HR**

HR: means Heterogeneity of responses

4.6.3. Factor Analysis

The NAQ-R showed good internal consistency (Cronbach Alpha = 0.93), which was largely above the accepted cut off, of 0.7. Prior to conducting the Principal Component Analysis, two different tests were performed. Firstly, a Pearson correlation coefficient test was performed with all the identified negative behaviours in the NAQ-R. The correlation coefficients were all less than 0.9, and the significant values of all the variables, were greater than 0.05. The factor analysis showed that there was no multi-collinearity between the variables, and all the variables correlated fairly well. Secondly, a Kaiser-Meyer-Olkin measure of sampling was performed to check the pattern of correlation (see Table 4.14). A value close to one (1), indicates that the patterns of correlations are relatively compact and will yield distinct and reliable factors, while values greater than 0.04 are acceptable (Field, 2005).

Table 4.14: KMO and Bartlett's Test

Kaiser-Meyer-Olkin - Measure of Sampling Adequacy.		.940
Bartlett's Test of Sphericity	Approx. Chi-Square	3128.331
	Df	231
	Sig.	.000

Bartlett's test of sphericity is aimed at testing the null hypothesis that the original correlation matrix is an identity matrix (Field, 2005). For this data, the level of significance is $p<0.001$, which indicates statistical significance; therefore, the R-matrix is not an identity matrix. It can be said, therefore, that there are relationships among the variables.

The Principal Component Analysis indicated that there were two factors. Based on their components, the researcher named the two components, *personal bullying*, which comprises 15 items, and *administrative-social exclusive bullying*, which constitutes 7 items (See Table 4.15: Rotated Component Matrix[a]).The Cronbach Alpha for personal bullying was 0.99 with 15 items, and administrative bullying 0.96 with 7 items.

The personal bullying components are:

- Threats of violence or physical abuse or actual abuse (0. 877);
- Intimidating behaviour, such as finger-pointing, invasion of personal space, shoving, blocking/barring the way (0.850);
- Pressure to not claim something, to which you are entitled (namely, sick leave, holiday entitlement, travel expenses) (0.850);
- Persistent criticism of your work and effort (0.847);
- Being exposed to an unmanageable workload (0.837);
- Being ignored or facing hostile reaction when you approach (0.825);
- Being the subject of excessive teasing and sarcasm (0.818);
- Excessive monitoring of your work (0.788);
- Hints or signals from others that you should quit your job (0.788);
- Repeated reminders of your errors or mistakes (0.785);
- Being given tasks of unreasonable or impossible targets or deadlines (0.783);
- Having your opinions and views ignored (0.781);
- Having allegations made against you (0.773);
- Being shouted at or being the target of spontaneous anger (or rage) (0.772); and
- Practical jokes carried out by people you don't get on with (0.706).

The administrative-social exclusive components are:

- Someone withholding information that affects your performance (0.841);
- Being ordered to do work below your level of competence (0.820);
- Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks (0.807);
- Being ignored or excluded (0.795);
- Being humiliated or ridiculed in connection with your work (0.748);
- Spreading of gossip and rumours about you (0.690);

- Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life (0.679).

Table 4.15: Rotated Component Matrix[a]

Items	Component	
	1	2
Threats of violence or physical abuse or actual abuse. **[Item 22]**	.877	
Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way **[Item 9]**	.850	.429
Pressure not to claim something which by right you are entitled (e.g. sick leave, holiday entitlement, travel expenses). **[Item 19]**	.850	.416
Persistent criticism of your work and effort **[Item 13]**	.847	.426
Being exposed to an unmanageable workload **[Item 21]**	.837	
Being ignored or facing hostile reaction when you approach **[Item 6]**	.825	.479
Being the subject of excessive teasing and sarcasm **[Item 20]**	.818	
Excessive monitoring of your work **[Item 18]**	.788	.456
Hints or signals from others that you should quit your job **[Item10]**	.788	.507
Repeated reminders of your errors or mistakes **[Item 11]**	.785	.467
Being given tasks of unreasonable or impossible targets or deadlines **[Item 16]**	.783	.513
Having your opinions and views ignored **[Item 14]**	.781	.522
Having allegations made against you **[Item 17]**	.773	.513
Being shouted at or being the target of spontaneous anger (or rage) **[Item 8]**	.772	.554
Practical jokes carried out by people you don't get on with **[Item 15]**	.706	.486
Someone withholding information which affects your performance **[Item 1]**		.841
Being ordered to do work below your level of competence **[Item 3]**		.820
Having key areas of responsibility removed or replace with more trivial or unpleasant tasks **[Item 4]**	.477	.807
Being ignored or excluded **[Item 12]**	.474	.795
Being humiliated or ridiculed in connection with your work **[Item 2]**	.447	.748
Spreading of gossip and rumours about you **[Item 5]**	.546	.690
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life. **[Item 7]**	.627	.679

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalisation.

a. Rotation converged in 3 iterations.

4.7. Relationship between the types of Workplace Bullying and Socio-Demographic Factors

In this section, the aim was to establish the relationship between the types of workplace bullying that nursing staff were victims of, at the Psychiatric Hospital under study, and their socio-demographic characteristics, through hypothesis testing.

4.7.1. Hypothesis Testing

In the preceding analysis, namely factor analysis, it was established that there were two main types of workplace bullying, which the researcher had named, based on the resemblance of items in the factors, as: *personal bullying* and *administrative-Social exclusion bullying*. Mann-Whitney U and Kruskal-Wallis Test were applied on these two types of bullying and selected demographic variables that comprised gender, age group, level of education, ethnicity, experience in work (length/stay in nursing career) and marital status, depending of the categories of the demographic variables.

Although demographic characteristics could be used to explain why certain employees are more likely to become bullies, or victims of bullying, there is still a gap in the literature concerning whether there are significant differences in the types of bullying, to which nursing staff are exposed, based on demographic differences. The rationale for addressing this concern, allows the argument about whether certain groups of people are more, or less, likely to experience a particular type of bullying, than others (Adewumi, Sheehan & Lewis, 2008). Given this conception, hypotheses were proposed and tested to determine the differences in the bullying experienced, as a factor of demographic differences. All factors mentioned above are expected to play a significant role in the kind of bullying behaviours to which nurses are exposed.

4.7.2. Administrative-Social Exclusive Bullying

4.7.2.1. Stating of Hypotheses

The null hypothesis (H_0) states, "There are no statistically significant differences in the exposure of nurses to administrative-social exclusive bullying."This main hypothesis was further divided into sub-hypothesis as follows:

- H_{01a}: "Gender plays no role in the exposure of nurses to administrative-social exclusive bullying";
- H_{02a}: "Age group plays no role in the exposure of nurses to administrative-social exclusive bullying";
- H_{03a}: "Ethnicity plays no role in the exposure of nurses to administrative-social exclusive bullying";
- H_{04a}: "Length of stay in nursing career plays no role in the exposure of nurses to administrative-social exclusive bullying"; and
- H_{05a}: "Marital status plays no role in the exposure of nurses to administrative-social exclusive bullying".

4.7.2.2. Verification of Hypotheses

H_{01a}: Gender plays no role in the exposure of nurses to administrative-social exclusive bullying. The Mann-Whitney test was applied and the results in Table 4.16 indicates that mean rank for male was 23.18 and 49.59 for female, Z = -1.99 and p-value=0.046. Since p=0.046 <0.05, $H_{01a}$was rejected and the alternative hypothesis, therefore, was confirmed, which stipulated that gender does plays a role in the exposure of nurses to administrative-social exclusive bullying.

Table 4.16: Administrative-Social exclusive bullying and gender

Gender		Mean Rank	Mann-Whitney test		Decision
			Z	p-value	
Male	24	23.18	-1.99	0.046	Reject H_{01a}
Female	65	49.59			

In Table 4.17 the null hypotheses,

(H_{02a}): "Age group plays no role in the exposure of nurses to administrative-social exclusive bullying";

H_{03a}:"Ethnicity plays no role in the exposure of nurses to administrative-social exclusive bullying";

H_{04a}:"Length of stay in nursing career plays no role in the exposure of nurses to administrative-social exclusive bullying"; and

H_{05a}:"Marital status plays no role in the exposure of nurses to administrative-social exclusive bullying", were not rejected, which means that all their p-values were greater than 0.05. These results confirmed that age group, ethnicity, length of stay in nurse career and marital status had no role to play in the exposure of nurses to administrative-social exclusive bullying.

Table 4.17: Administrative-Social exclusive bullying and age group, ethnicity, length of stay in nursing career and marital status

Variables	Categories	N	Mean Rank	Mann-Whitney test			Decision
				Chi-square	df	p-value	
Age group	20-29	14	30.29	2.67	3	0.45	Accept H_{02a}
	30-39	17	30.38				
	40-49	16	37.53				
	50-59	15	27.47				
Ethnicity	Black	24	27.1	3.99	2	0.14	Accept H_{03a}
	Coloured	34	32.82				
	Indian/ White	1	3.50				
Length of stay in nursing career	<1 year	7	31.29	2.04	5	0.75	Accept H_{04a}
	1-5	12	26.21				
	6-10	15	32.97				
	11-15	5	30.5				
	16-20	3	19.83				
	>20	18	32.78				
Marital Status	Single	21	33.93	0.71	2	0.7	Accept H_{05a}

	Married	37	29.92				
	Separated/ divorced	4	33.38				

4.7.3. Personal Bullying

4.7.3.1. Stating of Hypotheses

The null hypothesis (H_0) states, "There are no statistically significant differences in the exposure of nurses to personal bullying." This main hypothesis was further divided into sub-hypothesis as follows:

H_{01b}: "Gender plays no role in the exposure of nurses to personal bullying";

H_{02b}: "Age group plays no role in the exposure of nurses to personal bullying";

H_{03b}:"Ethnicity plays no role in the exposure of nurses to personal bullying";

H_{04b}:"Length of stay in nurse job plays no role in the exposure of nurses to personal bullying"; and

H_{05b}:"Marital status plays no role in the exposure of nurses to personal bullying".

4.7.3.2 Verification of Hypotheses

The test of null hypothesis H_{01b}, which states that gender plays no role in the exposure of nurses to personal bullying, was rejected. In Table 4.18, the results obtained from the Mann-Whitney test are as follows: Z= -2.08, mean rank= 22.55 for male and 32.22 for female with a p-value= 0.037. Since the p-value is <0.05 the H_{01b} was rejected. Therefore, it confirms that gender plays a role in the exposure of nurses to personal bullying.

Table 4.18: Personal bullying and gender

Type of workplace bullying	Gender		Mean Rank	Mann-Whitney test		Decision
				Z	p-value	
Personal bullying	M	19	22.55	-2.08	0.037	Reject H_{01b}
	F	38	32.22			

In Table 4.19 the null hypotheses,

H_{02b}: "Age group plays no role in the exposure of nurses to personal bullying";

H_{03b}:"Ethnicity plays no role in the exposure of nurses to personal bullying";

H_{04b}:"Length of stay in nurse job plays no role in the exposure of nurses to personal bullying"; and

H_{05b}:"Marital status plays no role in the exposure of nurses to personal bullying", were not rejected as all p-values were greater than 0.05. These confirm that age group, ethnicity, length of stay in nursing career and marital status had no role to play in the exposure of nurses to personal bullying.

Table 4.19: Personal bullying and age group, ethnicity, length of stay in nursing career and marital status.

Variables	Categories	N	Mean Rank	Mann-Whitney test			Decision
				Chi-square	df	p-value	
Age group	20-29	14	29.43	1.69	3	0.64	Accept H_{02b}
	30-39	17	29.91				
	40-49	16	35.84				
	50-59	14	28.36				
Ethnicity	Black	24	27.73	2.78	2	0.25	Accept H_{03b}
	Coloured	33	31.52				
	Indian/ White	1	5.5				
Length of stay in nursing career	<1 year	7	32.36	2.04	5	0.84	Accept H_{04b}
	1-5	12	26.46				
	6-10	15	32.03				
	11-15	5	25.10				
	16-20	3	23.33				
	>20	17	32.35				
Marital Status	Single	21	34.86	1.77	2	0.4	Accept H_{05b}
	Married	36	28.51				
	Separated/ divorced	4	33.13				

4.8. Conclusion

This chapter highlighted the results of this study and the data analysis of nursing staff victims of bullying at a Psychiatric Hospital under study in Cape Town. Firstly, the results on socio-demographics were illustrated followed by the investigation of the study objectives. In conclusion, hypotheses were proposed and tested to determine the differences in the type of bullying experienced, as a factor of demographic differences. The findings of the study revealed that demographic factors do not play a role in the exposure to Personal bullying, as well as Administrative-social exclusive bullying.

In the next chapter, the interpretation of the results is presented, along with an in-depth discussion of each objective of the study.

CHAPTER FIVE

DISCUSSION OF THE RESULTS

5.1. Extent of Bullying and Victimisation

Bullying rates in the workplace are still on the increase (Owoyemi, 2010). However, the grievance procedures are not followed and proper investigations of the victims' complaints are being neglected. The first objective of this study was to establish the extent of bullying among nurses working at a Psychiatric Hospital in the Western Cape. To assess the above objective, two questions were asked of the respondents in this study. The first question was, "In the last 12 months, have you been bullied in your workplace?" The result of the first question was revealed through descriptive analysis with a frequency table and a percentage. The result shows that 56.3% of the study respondents were victims of bullying.

This result showed a high prevalence of bullying, compared to a research study by Johnson and Rea (2009, p. 84), conducted on workplace bullying, which revealed that 27.3% of the 249 emergency room nurses, admitted to being bullied in the workplace. However, in a study by Yildirim and Yildirim (2007), contradicting results were found, in which 86% of the nurses had faced one or more bullying behaviour in the previous 12 months. The second question, "How often have you been bullied in the last 12 months?" was also directed at the respondents, with similar results.

5.2 Resources available for nurses

The second objective was to explore the resources available for nursing staff who are experiencing workplace bullying. To assess the above question two questions were asked of the respondents in this study. The first question asked was, "Did your employer or supervisor provide you with counselling?" The results to this question revealed that 17.9% of victims who have been bullied in the workplace received counselling from their employer or supervisor and 41.8% revealed that they did not receive any counselling from their employer of supervisor. This results shows that there is a definitely lack in either reporting or a lack in considering this problem a serious problem from employers or supervisors.

The second question asked was “Did your employer or supervisor provide you with other support?” This results show that 16.42% of respondents were provided with other support while 43.28% revealed that they were not offered any other support. These results are of great concern to the researcher since it is clear that employers and supervisors should take a closer look at this problem. On the question asked “How satisfied are you with the manner in which the incident was handled?” 29.85% of the respondents where very dissatisfied against 10.45% of respondents who were very satisfied.

Based on these results, the researcher expects that employees will not report experiences of workplace bullying on regular basis.

5.2. Perpetrators of Workplace Bullying

The third objective was to identify the perpetrators of workplace bullying. The results revealed that the perpetrators were patients/clients (20.9%), relatives of patients/clients (9.0%), staff members (6%), management/supervisors (19.4%), supervisors and patients (40.3%) and supervisors, staff and patients (46.3%). In this view, the results revealed, without a doubt, that supervisors and patients/clients, adding up to 40.3%, remain the two main subjects responsible for bullying in the workplace at the Psychiatric Hospital under study.

Although the role of leadership in the perpetuation of violence, over time, has been proven in various international studies, bullying is still under-reported in South Africa (Cunniff & Mostert, 2012). The results, however, contradict the fact that victims do not report the perpetrators. Research also revealed that bullying by supervisors, tend to be more hurtful than bullying by colleagues (Deniz & Ertosun, 2010).

In addition, concerning perpetrators and gender, the results of this study concur with the results of a study conducted by Zapf *et al.* (2003), which revealed the victims of bullying reporting that the perpetrators were more likely to be supervisors and managers, instead of colleagues. However, the results of this research are not consistent with those of Zapf *et al.* (2003) regarding gender, where it was established that the perpetrators were more likely male than female (Zapf & Einarsen, 2003; Zapf *et al.*, 2003). This current study revealed the opposite, since the nursing profession is female predominant.

5.4. Relationship between types of Workplace Bullying and Socio-Demographic Factors

Finally, objective four was to establish the relationship between nursing staff victims of bullying at the Psychiatric Hospital under study and their socio-demographic factors. To identify the types of workplace bullying, the NAQ-R (Negative Acts Questionnaire Revised) was handed to all the respondents. The factor analysis, using the Principal Component and Promax rotation, applied to the NAQ-R, revealed two components, namely *personal bullying*, which comprises of 15 items and *administrative-social exclusive bullying* constituting 7 items. The Cronbach Alpha coefficient for personal bullying was 0.99 and administrative bullying, 0.96.

The null hypothesis (H_{01a}): "Gender plays no role in the exposure of nurses to administrative-social exclusive bullying" was tested by using the Mann-Whitney test. The results in Table 4.16 indicated that mean rank for male was 23.18 and 49.59 for female, Z = -1.99 and p-value = 0.046. Since p=0.046 <0.05, H_{01a} was rejected and, therefore, the alternative hypothesis was confirmed, which stipulated that Gender played a role in the exposure of nurses to administrative-social exclusive bullying. The results are consistent with the results of a study conducted by Tambur (2009, p. 800), who found that more women than men are exposed to bullying.

In addition, the null hypotheses H_{02a}: "Age group plays no role in the exposure of nurses to administrative-social exclusive bullying" , H_{03a}: "Ethnicity plays no role in the exposure of nurses to administrative-social exclusive bullying", H_{04a}: "Length of stay in nursing career plays no role in the exposure of nurses to administrative-social exclusive bullying" and H_{05a}: "Marital status plays no role in the exposure of nurses to administrative-social exclusive bullying" were not rejected, which meant that all the p-values were greater than 0.05. This confirmed that age group, ethnicity, length of stay as nurse and marital status did not play a role in the exposure of nurses to administrative-social exclusive bullying.

The test of null hypothesis (H_{01b}), which states that, "Gender plays no role in the exposure of nurses to personal bullying" revealed the following results, obtained from the Mann-Whitney test (Z= -2.08, mean rank= 22.55 for male and 32.22 for female and p-value= 0.037). Since p-value was <0.05, theH_{01b} was rejected. Therefore, it was confirmed that gender played a role in the exposure of nurses to personal bullying.

The null hypotheses (H_{02b}): "Age group plays no role in the exposure of nurses to personal bullying", H_{03b}: "Ethnicity plays no role in the exposure of nurses to personal bullying", H_{04b}: "Length of stay in nursing career plays no role in the exposure of nurses to personal bullying" and H_{05b}: "Marital status plays no role in the exposure of nurses to personal bullying" were not rejected as all the p-values were greater than 0.05. This confirmed that age-group, ethnicity, length of stay in nursing and marital status did not play a role in the exposure of nurses to personal bullying.

5.5. Conclusion

The major aim of this study was to determine the extent, identify perpetrators and types of workplace bullying of nursing staff at a Psychiatric Hospital in the Western Cape. The bullying rates in the workplace are still increasing (Owoyemi, 2010), and the grievance procedure and proper investigation of complaints of the victims do not exist. This study found that there was a high prevalence of workplace bullying among nursing staff at the Hospital under study. The proportion of females bullied was higher than males. However, the culture of impunity concerning workplace bullying of nursing staff in South Africa remains undeniable. In addition, the researcher identified that there were two types of workplace bullying, namely, personal bullying and administrative-social exclusive bullying.

The following chapter provides a summary, recommendations, as well as the limitations of the study.

CHAPTER SIX

SUMMARY, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

6.1. Introduction

In Chapter One, the researcher described the background, rationale and the problem statement of the study. The researcher also established the research aim, objectives, and the significance of the study, as well as the definition of key concepts. A layout of the report, followed during this study, was also discussed.

In Chapter Two, the researcher explored literature. In the concluding part of the chapter, the researcher discussed the importance of adhering to policies on workplace bullying. Chapter Three contained a detailed discussion of the research methodology of the study, which was discussed in terms of the research design, research setting, population, sampling, data collection, data analysis and ethical considerations. The research design utilised, allowed the researcher to achieve the aim and objectives of the current study.

In Chapter Four the data analysis and results were presented. The results revealed that the objectives of the study were met. In Chapter Five, a discussion of the results and the objectives of the study were provided. Chapter Six, the final chapter, contains the summary, recommendations and the limitations of the study.

6.2. Summary

The aim of the study was to investigate workplace bullying among nurses at a psychiatric hospital in the Western Cape. The specific objectives of the study were to:

1. To determine the extent to which workplace bullying occur among nursing staff in a psychiatric hospital;
2. To explore the resources available to nursing staff experiencing workplace bullying;

3. To identify the perpetrators of workplace bullying, among psychiatric nursing staff; and
4. To determine the relationship between workplace bullying and socio-demographic factors.

The researcher made use of the quantitative research approach to determine the extent to which workplace bullying occur among nursing staff, because the different aspects related to bullying was quantified. This study was conducted at a Psychiatric Hospital in the Western Cape. This hospital forms part of the Associated Psychiatric Hospitals (APH). In this study, the population constituted all nurses working at the Psychiatric Hospital under study. The researcher only selected nursing staff to participate in this study, because nurses spend the largest part of their day at work and are mostly in contact with patients and the multidisciplinary team.

The sampling type used for this study was random sampling. The researcher drew up a list of the surnames of each participant and the sample was randomly selected from this list. The sample size was determined by setting up the assumptions that applied, in order to compute the sample size (n). A list of nurses working on day and night duty, was drawn up and alongside each name, a number was placed. These numbers were written on a slip and placed in a bowl. The slips were drawn from the bowl and the number recorded. The slip of paper was replaced in the bowl to give all the respondents an equal chance of being selected. This process was repeated until all the respondents were chosen.

In this research, the researcher made use of a structured modified questionnaire, the Negative Acts Questionnaire Revised (NAQ-R), to determine the extent to which workplace bullying occurs among nursing staff at a psychiatric hospital in the Western Cape. The adapted questionnaire (The Negative Acts Questionnaire- Revised), totaling fifty-eight (58) questions, was sub-divided into three sections.

The researcher conducted a pilot study beforehand to test the validity and reliability of the data collection instrument. For the purpose of the pilot study, thirty-three (33) questionnaires were collected. The pilot study was conducted over a period of a month, in January 2015,

which did not include the data collection period of three (3) months. The participants of the pilot study were excluded from the main survey.

With regards to determining the reliability of the research instrument, a statistician was consulted to measure the Cronbach Alpha co-efficient. The Cronbach Alpha coefficient was 0.87, which was largely above 0.7, the accepted cut off. Therefore, reliability and the internal validity were confirmed. The reliability was also ensured through the factor analysis, since this technique was applied in the data analysis.

The study utilised statistical analysis, which includes descriptive statistics and bivariate analysis. The bivariate analysis used descriptive statistics; hence, it calculated the frequency, proportion, mean and standard deviation of individual items in order to describe workplace bullying. To determine the association/relationship between variables, the Kolmogorov-Smirmov test was applied to test the normality of the two variables before deciding on the application of either Pearson or Spearman'rho correlation. To establish the difference in means, t-test and ANOVA was applied. EXCEL and SPSS 22 software were used as tools. For the purpose of this study the researcher made use of primary data sources as well as secondary data sources.

6.3. Significance

The findings of the study could be used by policy makers at psychiatric hospitals to develop a support structure, specifically for nursing staff, who experience workplace bullying. This support structure could further empower nursing staff to report workplace bullying, as soon as it occurs. Furthermore, since no study that investigated workplace bullying at a psychiatric hospital in the Western Cape was available, this study contributes to a fragmented body of knowledge, by providing the latest statistics on the prevalence of workplace bullying, among nursing staff at a Psychiatric Hospital in the Western Cape.

6.4. Recommendations

According to the findings of the current study, 56.3%of the respondents declared that they have been bullied in the previous 12 months. This confirms that the level of workplace bullying among nursing staff at the Psychiatric Hospital under study, is alarmingly high. As a result, the recommendations made are based on the findings of this current study.

The researcher recommends that:

- Awareness should be created about the prevalence of workplace bullying among nursing staff at the Psychiatric Hospital under study, in order to show the real extent of the problem.
- In-service training on workplace bullying should be provided to nurses on their intake and thereafter, offered to staff annually to equip nurses with the necessary skills and knowledge, as a support structure to empower them to report sooner, rather than later.
- Patients and relatives of patients should be made aware of the consequences of workplace bullying, as well as the importance of addressing this issue, before it impedes on their healthcare.
- Nursing staff, who are victims of workplace bullying, should be referred for supportive counselling, while the culprits should be dealt with appropriately, since this causes a risk to the health and safety of the nurses, who are bullied.
- Management must also be vigilant in identifying targets of workplace bullying, when nurses suddenly present with unusual behaviours, like being absent from work regularly.

6.5. Recommendations for further research

- A quantitative research study is recommended, which should include all the Associated Psychiatric Hospitals in the Western Cape, in order to compare the prevalence of workplace bullying at the different institutions.
- Since this is the first study on workplace bullying among nurses at a Psychiatric Hospital, the researcher strongly recommends that this study draw attention to the results, hopefully, to prevent the institution from losing competent nursing staff.
- A qualitative research study should be conducted in order to gain a deeper understanding on the factors that are significantly associated with workplace bullying among nurses.

6.6. Limitations of the study

Despite the fact that the current study has shed some light on workplace bullying at a Psychiatric Hospital in the Western Cape, several limitations must be kept in mind. Firstly, there are few empirical studies about workplace bullying internationally, and especially in South Africa. Secondly, the study is based on one particular psychiatric hospital; therefore the findings might not be applicable to other hospitals. Thirdly, the study was based on the principle of anonymity, therefore, it did not assist the victims of workplace bullying at a Psychiatric Hospital in Cape Town, in terms of feedback, mediation or counselling.

6.7. Conclusion

In this final chapter, the researcher provided a summary and conclusion of the mini-thesis. The fundamental findings of the study were highlighted and based on those findings recommendations were made.

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APPENDICES

Appendix 1: Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	17.498	79.538	79.538	17.498	79.538	79.538	11.312	51.419	51.419
2	1.161	5.277	84.815	1.161	5.277	84.815	7.347	33.396	84.815
3	.474	2.154	86.969						
4	.447	2.033	89.002						
5	.371	1.685	90.687						
6	.342	1.554	92.240						
7	.263	1.198	93.438						
8	.258	1.171	94.608						
9	.215	.978	95.587						
10	.189	.857	96.444						
11	.129	.587	97.031						
12	.109	.497	97.528						
13	.103	.469	97.996						
14	.082	.374	98.370						
15	.075	.341	98.711						
16	.065	.293	99.004						
17	.060	.271	99.276						
18	.050	.226	99.501						
19	.038	.172	99.673						
20	.032	.147	99.820						
21	.022	.101	99.922						
22	.017	.078	100.000						

Extraction Method: Principal Component Analysis.

Appendix2: Questionnaire

My name is **Amiena Samuels**; a Master's student in psychiatry at the University of the Western Cape (UWC). My study Title is "**Workplace bullying among nurses at a psychiatric hospital in the Western Cape**"' and the ***aim of this study is to investigate workplace bullying among nurses in Lentegeur Hospital***. For the purpose of this study workplace bullying is defined as '***repeated, unreasonable actions of individuals (or group) directed towards nurses (or a group of nurses) such as workload with extra-hours, which are intended to intimidate, degrade, humiliate, or undermine, or which create a risk to the health or safety of the nurses***". The questionnaire consists of sections A, B and C. Please read the instructions carefully for each section before completing. I would like to invite you to participate voluntary in the interview and to feel free to drop any question that you judge compromising or conflicting to your conscience. I also ensure that all responses you give will be kept confidential and you are allowed to stop the interview at any time you don't feel comfortable.

SECTION A:

PERSONAL AND WORKPLACE DATA

Please circle the right number.

Q	Questions	Possible Answers
1	What is your age?	1.<=192. 20-29 3. 30-39 4. 40-49 5. 50-59 6. 60+
2	What is your gender?	1. Male 2. Female
3	What is your marital status?	1. Single 2. Married 3. Living with partner 4. Separated/divorced 5. Widow/ widower
4	What is your ethnic group?	1. Black 2. Coloured 3. Indian 4. White 5. Other- please specify.....
5	What is your professional group?	1. Registered nurse 2. Staff nurse 3. Auxiliary nurse 4. Other, please specify.....
6	What is your current position?	1. Senior management 2. Staff
		3. Line manager
		4. Other, please specify.....
7	How many years of work experience in the health sector do you presently have?	1. <1 year 2. 1-5 3. 6-10 4. 11-15 5. 16-20 6.>20
8	In your main job, do you work:	1.Full time 2. Part time 3.Temporary/ casual
9	Do you work in shifts?	1. Yes 2. No
10	Do you work anytime between 19h00 (7pm) and 07h00 (7 am)?	1. Yes 2. No
11	Do you interact with patients/ clients during your work?	1. Yes, please answer questions 14, 15 and16 2. No, please go to question 17
12	Do you have routine direct physical contact	1. Yes 2. No

	(washing, turning, and lifting) with patients/clients?	
13	The patients/ clients you most frequently work with are:	1. Children 2. Adolescents (10-18) 3. Adults 4. Elderly
14	The sex of the patients you most frequently work with are:	1. Male 2. Female 3. Both sexes
15	Please indicate if you spend more than 50% of your time working with any of the following type of specialties:	
15.1	Physically disabled	1. Yes 2. No
15.2	Mentally disabled	1. Yes 2. No
15.3	Psychiatric	1. Yes 2. No
15.4	Other, please specify	
16	Do you spend most of your time (more than 50%) in:	
16.1	General adult psychiatry (GAD	1. Yes 2. No
16.2	Child and adolescent psychiatry (CAP)	1. Yes 2. No
16.3	Forensics	1. Yes 2. No
16.4	Intellectually disabled services (IDS)	1. Yes 2. No
16.5	Other, please specify	
17	The number of staff present in the same work setting with you during **most** (more than 50%) of your work time is:	1. None 2. 1-5 3. 6-10 4. 11-15 5. Over 15
18	How worried are you about violence in your current workplace?	1. Not worried at all 2.Worried 3.Slightly worried 4. Somewhat worried 5.Very worried
19	Are there procedures for the reporting of violence in your workplace?	1 Yes (If yes, please go to question 22) 2. No. (If no, please go to question 23)
20	Do you know how to use them?	1. Yes 2. No
21	Is there encouragement to report workplace violence?	1.Yes (If yes, please go to question 24) 2 No (If no, please go to **section B)**
22	To whom did you report?	
22.1	Management/ employer	1. Yes 2. No
22.2	Colleagues	1. Yes 2. No
22.3	Union	1. Yes 2. No
22.4	SANC	1. Yes 2. N0
22.5	Other, please specify:	

SECTION B:

BULLYING

In this study, bullying refers to repeated, unreasonable actions of individuals (or group) directed towards nurses (or a group of nurses) such as workload with extra-hours, which are intended to intimidate, degrade, humiliate, or undermine, or which create a risk to the health or safety of the nurses.

Q	Questions	Possible Answers
1.	**In the last 12 months,** have you been bullied in your workplace?	1. Yes 2. No
2	How often have you been bullied **in the last 12 months**?	1. All the time 2. Sometimes 3. Once
3	Please think of **the last time** you were bullied in your place of work. Who bullied you?	1. Patient/ client 2. Relatives of patient/ client 3. Staff member 4. Management/ supervisor 5. External colleague/ worker 6. General public 7. Other:
	Do you consider this to be a typical incident of bullying in your workplace?	1. Yes 2. No
5	Where did the bullying take place?	1. Inside health institution or facility 2. Outside (on way to work) 3. Other:
6	How did you respond to the bullying? *Circle the relevant answer.*	1. Took no action 2. Tried to pretend it never happened 3. Told the person to stop 4. Told friends/ family 5. Told a colleague 6. Reported it to a senior staff member 7. Sought counselling 8. Sought help from the union 9. Sought help from the association 10. Transferred to another position 11. Completed incident/ accident form 12. Other:

7. Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. *For each item, please indicate how bothered you have been by these experiences since you were bullied. Please circle one option per question.*

	Since you were bullied, how BOTHERED have you been by:	Not at All	A little Bit	Moderately	Quite a Bit	Extremely
7.1	Repeated, disturbing memories, thoughts, or images of the event?	1	2	3	4	5
7.2	Avoiding thinking about or talking about the event or avoiding having feelings related to it?	1	2	3	4	5
7.3	Being "super-alert" or watchful and on guard?	1	2	3	4	5
7.4	Feeling like everything you did was an effort?	1	2	3	4	5

8	Do you think the incident could have been prevented?	1. Yes 2. No
9	Was an action taken to investigate the cause of the bullying?	1. Yes (If yes, go to question 9.1 and 9.2) 2. No (If no please go to question 10) 3. Don't know (If don't know, please go to question 10)
9.1	To whom did you report?	1. Management/employer 2. Union 3. SANC 4. Police 5. Other
9.2	What were the consequences for the person who bullied you?	1. None 2. Verbal warning issued 3. Care discontinued 4. Reported to police 5. Aggressor prosecuted 6. Don't know 7. Other
10	Did your employer or supervisor offer to provide you with:	
10.1	Counselling	1. Yes 2. No
10.2	Opportunity to speak about/ report it	1. Yes 2. No
10.3	Other support?	1. Yes 2. No
11	How satisfied are you with the manner in which the incident was handled?	(Please rate: 1= very dissatisfied, 5= very satisfied) 1 2 3 4 5
12	If you did not report or tell about the incident to others, why not? (Please circle every relevant answer)	1. It was not important 2. Felt ashamed 3. Felt guilty 4. Afraid of negative consequences 5. Did not know who to report to 6. Useless 7. Other

SECTION C:

CHARACTERISTICS OF WORKPLACE BULLYING

Instructions: Tick the correct answer in the table below.

1=strongly disagree**; 2**= disagree; **3**= Neutral; **4**=Agree and **5**=strongly agree

	Statement	1	2	3	4	5
1	Someone withholding information which affects your performance	☐	☐	☐	☐	☐
2	Being humiliated or ridiculed in connection with your work	☐	☐	☐	☐	☐
3	Being ordered to do work below your level of competence	☐	☐	☐	☐	☐
4	Having key areas of responsibility removed or replace with more trivial or unpleasant tasks	☐	☐	☐	☐	☐
5	Spreading of gossip and rumours about you	☐	☐	☐	☐	☐
6	Being ignored or excluded	☐	☐	☐	☐	☐
7	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life.	☐	☐	☐	☐	☐
8	Being shouted at or being the target of spontaneous anger (or rage)	☐	☐	☐	☐	☐
9	Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	☐	☐	☐	☐	☐
10	Hints or signals from others that you should quit your job	☐	☐	☐	☐	☐
11	Repeated reminders of your errors or mistakes	☐	☐	☐	☐	☐
12	Being ignored or facing hostile reaction when you approach	☐	☐	☐	☐	☐
13	Persistent criticism of your work and effort	☐	☐	☐	☐	☐
14	Having your opinions and views ignored	☐	☐	☐	☐	☐
15	Practical jokes carried out by people you don't get on with	☐	☐	☐	☐	☐
16	Being given tasks of unreasonable or impossible targets or deadlines	☐	☐	☐	☐	☐
17	Having allegations made against you	☐	☐	☐	☐	☐
18	Excessive monitoring of your work	☐	☐	☐	☐	☐
19	Pressure not to claim something which by right you are entitled (e.g. sick leave, holiday entitlement, travel expenses).	☐	☐	☐	☐	☐
20	Being the subject of excessive teasing and sarcasm	☐	☐	☐	☐	☐
21	Being exposed to an unmanageable workload	☐	☐	☐	☐	☐
22	Threats of violence or physical abuse or actual abuse.	☐	☐	☐	☐	☐

THANK YOU

Appendix3: Information Sheet

UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592271, Fax: 27 21-9592679
E-mail: hjulie@uwc.ac.za

INFORMATION SHEET

Project Title: Workplace bullying among nurses in a psychiatric hospital in the Western Cape.

What is this study about?

This is a research project being conducted by Mrs. Amiena Samuels from the University of the Western Cape. We are inviting you to participate in this research project because you are an employee working at the institution where the research is conducted. The purpose of this research project is to determine the extent to which workplace bullying occur among nursing staff at a psychiatric hospital in the Western Cape.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire which comprises of three sections. You will then place the completed questionnaire in an envelope that you seal and place in a sealed collection box in your ward.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality; the survey is anonymous and will not contain information that may personally identify you. Your name will not be included on the questionnaire. A code will be placed on the survey. Through the use of an identification key, the researcher will be able to link your questionnaire to your identity. Only the researcher will have access to the identification key. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning abuse or neglect or potential harm to you or others.

What are the risks of this research?

There might be some risk such as psychological and or emotional that may result from participating in the research.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator to learn more about the effect that workplace bullying has on nursing staff at a psychiatric hospital in the Western Cape. We hope that, in the near future, a support structure will be developed to respond to the needs of nursing staff.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

You will not be negatively affected by this study.

What if I have questions?

This research is being conducted by Mrs. Amiena Samuels and is supervised by Mrs. Hester Julie from the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Mrs. Amiena Samuels at: cell: 083 7667175; address: 02 Moira Street, Tafelsig, Mitchell's Plain, 7785 or email: samuelsamiena4@gmail.com.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Director of the School of Nursing: Prof K. Jooste
Dean of the Faculty of Community and Health Sciences: Prof J. Franz
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix 4: UWC Ethical Clearance Letter

UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

4 November 2014

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Mrs A Samuels (School of Nursing)

Research Project:	Workplace bullying at a psychiatric hospital in the Western Cape.
Registration no:	14/9/30

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
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Appendix 5: Lentegeur Hospital Ethical Approval Letter

Western Cape Government
Health

Co Highlands Drive & AZ Berman
Lentegeur
Mitchell's Plain
7785

28 November 2014

Lentegeur Hospital Research Ethics Committee

Lentegeur Hospital
Highlands Drive
Mitchells Plain
7785

To whom it may concern

Re: Research Project – Workplace bullying at a Psychiatric Hospital in the Western Cape.

Principal Investigators – Aimiena Samuels

This serves to confirm that the above research project has been granted ethical approval by the hospital Research Ethics Committee 26/11/2014.

You would be required to submit progress and the final report to the hospital for our records of research conducted at the facility.

Yours Faithfully

Dr P. Smith
Chair – Research Ethics Committee
Lentegeur Hospital

1st floor, Admin Building,
tel: (021) 370 1105 / 1409 fax(02) 371 - 7339 redjacob@pgwc.gov.za

Appendix 6: Editorial Certificate

Idea Corporation t/a
AQUARIAN PUBLICATIONS

10 January 2016

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title
WORKPLACE BULLYING AMONG NURSES
AT A PSYCHIATRIC HOSPITAL
IN THE WESTERN CAPE

Author
Amiena Samuels

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax number, e-mail address or website.

Yours truly

E H Londt
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