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## **The Workplace Bullying of Nurses in China's Hospitals**

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### **Abstract**

Workplace bullying of nurses in hospitals in China is a very sensitive and important issue. Nurses are vulnerable to aggressive behaviors of doctors, hospital admin staff, and attendants or relatives of patients. The purpose of this study was to investigate the incidence rate and prevalence of workplace bullying of nurses in various hospitals in China and to recognize the risk factors that contribute to it. This research was conducted on 300 nurses from four hospitals in Guangxi, China using a cross-sectional survey design. The incidence rate of workplace bullying of nurses in hospitals in China was 41.0%. The workplace prevalence varies significantly based on age, gender, marital status, and hospital level. The detailed analysis of the results collected from this research showed that age, gender, hospital level, and marital status of nurses were significant determinants of workplace bullying. This research gives us a detailed analysis of workplace bullying of nurses in hospitals in China and it can help us in understanding what factors contribute to workplace bullying of nurses in China. So the local authorities and government could find better solutions to manage it and decrease its incidence.

**Keywords:** Workplace bullying; Nurses; China's hospitals.

### **1. Introduction**

Workplace bullying is a very serious issue internationally. Occupational health and safety risks of workplace bullying are of great concern to researchers worldwide. Workplace bullying (WPB) is defined as "verbal, physical, or sexual abuse faced by a person working at a workplace from other persons working at the same workplace such as office, shop, institution, hospital, factory, etc.

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" Studies have shown that people working at hospitals are more vulnerable to bullying than people working at other types of workplaces. And among these hospital staff, nurses are often the target of verbal or physical abuse at the hands of coworkers, doctors, or relatives of admitted patients. The most common type of bullying is verbal bullying and it has the highest incidence rate as compared to physical and sexual bullying [1]. Numerous research works have been conducted on the international level. These studies have shown that workplace bullying incidence rate in various countries is between 10 and 70 percent. And It varies from country to country. One research has even indicated it to be as high as 87% [2]. Most of these studies have been conducted by western countries like the USA, the UK, Germany, Sweden, and others. Only a few research works have been conducted in Asia about the bullying of nurses in hospitals. These studies conducted in Asian countries have very limited conclusions as most of these were conducted using a small sample size or the response rate was very low. The incidence of workplace bullying of nurses in hospitals in China has been on the rise in past decades. According to a few surveys, almost 30 to 72% of nurses have faced some kind of bullying in hospitals in China [3]. There are serious consequences for WPB in all workplaces. And the nurses who work in hospitals also fall victim to it. WPB can cause stress and anxiety for nurses. It can cause increased feelings of sadness or loneliness. It can cause low self-esteem, higher incidences of burnout, and emotional exhaustion. It can also cause various health issues in the nurses such as frequent headaches. Increased levels of stress are dangerous for both the physical and mental health of nurses working at hospitals in China. Nurses in China's hospitals who are victims of frequent incidents of WPB can not perform their duties well. WPB causes many problems for these nurses. A nurse who is a victim of frequent WPB will be depressed most of the time and she will not be able to enjoy a normal life. Nurses who become a victim of WPB in China's hospitals can not enjoy a good and healthy social life as well. Some are even unable to enjoy a healthy married life due to depression and other psychological effects of WPB. WPB brings a sense of fear and uncertainty to its victims. It has indirect effects on patients as well. Because a depressed nurse can't treat a patient very well. So it affects the entire healthcare system of a hospital where WPB is very common. So the bullies such as senior doctors, hospital staff members, people or relatives of admitted patients who are involved in WPB of nurses, also get affected by it indirectly. Verbal or physical or sexual bullying can also lead to a higher rate of suicide attempts [4]. There have not been conducted many research works about the bullying of nurses in hospitals in China. So the purpose of this research was to investigate the incidence rate and prevalence of workplace bullying in nurses in hospitals in China and to obtain a detailed analysis of the factors that are the main cause of its increased prevalence.

## **2. Methods**

### ***2.1 Study Design***

This study was done using a cross-sectional questionnaire survey to assess the incidence rate and prevalence of workplace bullying in the nurses in hospitals in China and to identify the risk factors that contribute to it.

### ***2.2 Participants and Settings***

This was a cross-sectional study of nurses and 300 nurses from four hospitals in Guangxi, china were participants in this study and it was conducted in 2020. Registered nurses who had been employed as clinical

nurses for at least 1 year were enrolled. Nurses who were under training or who had been retired were not included in this study. Of the 300 questionnaires distributed to the nurses, 253 were returned, yielding a favorable response rate of 84.3% (n = 300).

### **2.3 Data Collection**

This study was done using a cross-sectional questionnaire survey to assess the incidence rate and prevalence of workplace bullying in the nurses in hospitals in China and to identify the risk factors that contribute to it. This research used two questionnaires i.e. the demographic data questionnaire and the Chinese version of the negative acts questionnaire revised (NAQR). The demographic data questionnaire was used to collect the following data: Name, Age, Sex, Address, marital status, Years of experience as a nurse in China, hospital level, education, previous work history, clinical work category, and job title. The second questionnaire was the Chinese version of the Negative Acts Questionnaire [5]. The Negative Acts Questionnaire contains 12 items and three subscales: person-related negative acts, work-related negative acts, and organizational injustice. These were distributed to 300 nurses of 4 hospitals in Guangxi, china The data collection spanned over 3 weeks period in February 2020.

The Negative Acts Questionnaire had the following 12 questions:

1. Have you ever faced WPB in the hospital?

(1.Yes 2.No)

2. What form of WPB was it?

(1. Verbal 2. Physical 3. Sexual)

3. Who was the person that bullied you?

(1. Your hospital colleague such as a fellow nurse or senior doctor 2.Supervisor 3. Patient

4. Patient's attendant or relative 5. Other)

4. How would you rate the impact of the WPB on your mental health?

(1.Not at all 2. Very mild 3. Mild 4.Moderate 5.Severe 6. Very Severe)

5. How did you respond to the WPB?

(1. Reported it to a senior staff member 2. Told the perpetrator to stop 3. Ignored incident 4.Switched job 5. Told friends/relatives 6. Told a colleague 7. sought help from the union

8. Had counseling 9.Completed incident report form 10. Prosecuted 11. Other

6. Do you think the WPB could have been stopped?

( 1. Yes 2.No)

7. How often do you face WPB at the hospital?

( 1. Not at all 2. rarely 3. very much )

8. Have you ever consulted any psychiatrist to cope with WPB at the hospital?

( 1. Yes 2. No)

9. Do you think local authorities and the government are doing well enough to stop the WPB of nurses in China's hospitals?

( 1.Yes 2.No)

10 .What do you think is the main risk factor for WPB of nurses in hospitals in China?

( 1. Age 2.Gender 3.Hospital Level 4.Other )

11. Do you think that people and colleagues of nurses should treat them with more respect?

( 1. Yes 2.No)

12. Have the nurses union at your hospital ever raised a voice for WPB in the hospital?

( 1.Yes 2.No )

#### ***2.4 Depression, Anxiety, and Stress Scale Evaluation using DASS 21***

The paper report weighted prevalence for depression, anxiety, and symptoms of stress, and their correlates, as measured by the Depression Anxiety and Stress Scale (DASS 21). This Depression Anxiety Stress Scale 21 (DASS 21), has been used widely as a reliable self-administered psychological instrument consisting of 21 items in three domains. Each domain includes seven items that assess three dimensions of mental health symptoms: one is depression, the second is anxiety, and the third is stress. Respondents showed the appearance of these sign(s) over the past week on a 4-point Likert scale scoring from 0–3 (0. did not have it at all over the last 7 days, 1. had it to some degree or some of the time; 2. had a considerable degree or a good part of the time; 3. very much or most of the time). The more severe the symptoms in each dimension, the higher is the subscale scores. The instrument is often used in clinical and non-clinical samples and it has well-established psychometric characteristics and it can reliably measure depression, anxiety, and stress (at a Cronbach's alpha of 0.91, 0.84, and 0.90, respectively). The scale is used to distinguish between depression, anxiety, and stress. Our study used the approved Chinese version of the DASS 21 as participators were ethnically Chinese. We received

mixed responses from the participants. All the responses from the participants were coded as dichotomous responses (yes/no). The effects of workplace bullying on the mental health of participant nurses in this research were categorized into three groups: mild, moderate, and severe, and then these were entered into binary logistic regression. The incidence and prevalence of WPB were analyzed and described in terms of frequency and the proportion of participants who faced it. Prevalence estimates (%) were presented at 88% confidence intervals (CI) calculated from the SE. Bivariate and multivariate analyses were used to measure the strength of associations between variables. Results were presented as odds ratios (ORs) and 88% CIs.

## **2.5 Data Analysis**

All completed questionnaires collected from the nurses were uniformly coded. The data was then entered into SPSS software to analyze the demographic data. Independent samples t-tests were used to compare the means of continuous variables between two groups, whereas one-way analysis of variances was used with continuous variables with more than two groups. For our research,  $p < 0.5$  was considered significant.

## **3. Results**

### **3.1 Demographics**

Out of the 300 participant nurses, the majority were female ( $n = 240$ , 80.0%), from a tertiary hospital ( $n = 264$ , 88.0%), married ( $n = 232$ , 77.3%) and on regular payroll ( $n = 188$ , 62.6%). Most of them had a primary title of nurse ( $n = 156$ , 52.0%), held a baccalaureate degree ( $n = 218$ , 72.6%), and performed scrub nurse ( $n = 123$ , 41%) or circuit nurse ( $n = 139$ , 46.3%) work. Their average age was 36.26 years ( $SD = 7.26$ ), and they had worked a mean of 8.32 years ( $SD = 6.45$ ) as a registered nurse.

### **3.2 WPB Levels and Subscale Levels**

When asked, 123 out of 300 (41.0%) participant nurses reported that they have been a victim of bullying at a hospital in the last 1 year. The mean Negative Acts Questionnaire item score was 2.32 out of 5 ( $SD = 0.49$ ). The mean item subscale scores were 2.07 ( $SD = 0.70$ ) for organizational injustice, 1.76 ( $SD = 0.52$ ) for person-related negative acts, and 1.28 ( $SD = 0.42$ ) for work-related negative acts. The average score of each item was 1.06 to 2.72. In the single-factor analysis, significant differences were seen in workplace bullying of nurses in hospitals in China due to their age, gender, hospital level, and marital status. No other significant differences were found in workplace bullying across variables.

### **3.3 Multivariate linear regression of factors influencing WPB**

When we used stepwise multiple regression analysis to identify the main factors that contribute towards the WPB of nurses in the hospitals in China. The results showed that gender and marital status (all  $P < .003$ ) were significant determinants of WPB. Male nurses were 0.254 points less likely to face WPB than female nurses. Married nurses showed a 0.312-point increase in overall WPB as compared to unmarried nurses. This indicated that they were more likely to be victims of WPB as compared to unmarried nurses.

#### **4. Discussion**

From our research, we found that the WPB of nurses in hospitals in China is a very serious matter of concern and it is on the rise as compared to various previous studies. Almost 41% of nurses in our research claimed that they have been a victim of workplace verbal or physical or psychological WPB at their respective hospitals in the last 1 year period. So this prevalence rate is higher as compared to several other studies that were conducted in some other other countries [6]. We found that the prevalence of WPB among male nurses was very low as compared to female nurses. So female nurses are more vulnerable to WPB. Chinese nurses more frequently face WPB by their colleagues or hospital staff such as senior doctors and supervisors. This is because the senior doctors and the supervisor staff members often consider themselves superior to nurses. So they try to demean nurses in various ways with verbal abuse being the most common [7]. In China, many hospitals do not meet the basic requirements of the National Department of Health. Some hospitals do not have proper and adequate infrastructure. This is usually the case with primary or secondary health centers. They do not have enough doctors or nurses to cope with a high influx of patients. So more patients and fewer doctors and fewer nurses mean that these nurses will have to work very hard to provide basic health facilities to all the people who come to their hospital for treatment [14]. The improper proportion of patients from nurse and nurse to physician results in a shortage of nursing staff and heavy workload, which can increase WPB. The research shows that high employment pressures are associated with higher WPB levels. Managers should establish reasonable nursing services based on the size of the nursing profession. Also, the support of managers can enhance the confidence of nurses to deal effectively with WPB. Our results show that woman [8]. In our research, we found that majority of the nurses who have been a victim of WPB feel stressed and they reported that it has negatively affected their mental health. But only a few took help from psychologists. WPB and the mental or psychological health of a person have a very strong relation [12]. Due to high stress levels, some nurses have also reported that they can not do their duties properly and this is also on the rise among nurses in China's hospitals. Although nurses had a higher risk of WPB, which was consistent with the results of another study which reported that the prevalence rate was higher among trainees and women. The percentage of male nurses in China is less than 1%, which is much lower than in other countries [4]. Most of the nurses are women, and gender inequality in this study may be one reason. Since young female nurses do not have enough support in the task of dealing with and resolving WPB, so the prevalence rate of WPB of younger nurses is more than that of elder age. Management and local authorities should take WPB seriously and increase their sensitivity to identifying, preventing, and controlling WPB of nurses in China's hospitals promptly. According to the results of our study, married registered nurses face higher levels of abuse than single nurses. These findings were consistent with the results of another study, which reported that married workers had higher WPB levels than unmarried workers. In this study, most of the questionnaires were completed by the married nurses, which means married nurses participated in a greater proportion as compared to unmarried nurses. According to traditional Chinese culture, long-term physical and mental stress can lead to increased WPB for a married woman or nurse due to constant worry about them and their family members and emotional exhaustion resulting from work stress. And it limits the time and energy of nurses required to perform additional overtime activities [13]. As single nurses are in the throes of professional development, it is easy to produce self-reliance and maturity through their work, and it is common to sacrifice long days by working long hours. The expectation of married nurses is not to do more work

and enjoy their legal rights and interests, it is where the spirit of exploitation is due to the difference between the real situation and the vague outcome. Also, while most unmarried nurses are contract workers, while married nurses working together on regular salaries tend to be jealous, this is one of the reasons why married nurses face WPB. Managers should give nurses the appropriate rights to stimulate activities and promote the healthy development of the nursing team. Nurses in China's hospitals must accept self-control, focus on behavior, and demonstrate effective mental health [9]. Few valuable measures can be taken to stop the bullying of nurses in hospitals in China. The local authorities, hospital administrations, and the Chinese government should do take this matter very seriously to put an end to the WPB of nurses in hospitals. Nurses are the backbone of a country's healthcare system. No hospital can work properly without nurses. So patients and their attendants or relatives should treat nurses with love and respect as an acknowledgment of their devoting work for the betterment of humanity. Senior doctors and supervisors of nurses should also not try to demean nurses [9]. Nurses should be provided with basic training to cope with WPB incidents at the time of their nursing training. And nurses working in China's hospital should become confident enough to report WPB incidents to their supervisor. There should be a dedicated staff member or manager to whom nurses can report such incidents. Strict actions should be taken against those who are involved in the WPB of nurses working in China's hospitals. The victims of WPB should be encouraged to file police cases against such people who try to verbally, physically, or psychologically abuse them. There should be media campaigns to enlighten this issue on a national level so that working conditions could be improved for these nurses. All other colleagues, fellows, or hospital staff members should strongly condemn and discourage those who try to verbally or physically or psychologically or sexually abuse their other fellow staff members [10]. If a doctor sees another doctor or staff member who is abusing a nurse, he/she should discourage that person. According to a survey, 97% of WPB incidents can be stopped if other people start interfering with them by discouraging the bullies. And we are here talking about nurses who are a crucial component of a healthcare system. So these nurses deserve our respect and love. There should be enough nurses at a hospital to cope with the patient influx. So that the nurses don't have to deal with the overload of patients as it can cause depression and frequent burnouts. Those nurses who become a victim of WPB at any hospital in China should be provided with necessary psychological counseling to improve their self-esteem and overcome depression. So that they can work normally without any fear and they can enjoy a normal life [11].

## **5. Conclusion**

This study can be very helpful to analyze the incidence and prevalence of WPB in hospitals in China and it also enlightens the impacts of this WPB on the mental and psychological health of nurses who become victims of it. This study provides basic assistance to nursing managers on the need to provide information to nurses in China's hospitals for WPB. Managers should actively educate the nurses in China on mental and physical health to improve their understanding of WPB and their relationships with people and to rekindle their negative feelings about WPB. Managers should also provide psychological counseling services to nurses working in China's hospitals and regularly assess the mental and physical discomfort caused by WP. Also, nurses should intensify psychosocial training to help withstand WPB stress. Finally, to achieve the redistribution of nursing resources, managers must adjust the number of nurses and patient load in China's hospitals to reduce the stress and performance of these nurses. In summary, in this study, 41.0% of participant nurses from various hospitals of

China reported being the victim of WPB.

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