
Research

WORK PLACE BULLYING ON DEVIANT WORK BEHAVIOR AMONG NURSES IN PAKISTAN: MEDIATING ROLE OF INTERPERSONAL CONFLICT

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Abstract

This study investigates the relationship between workplace bullying, interpersonal conflict and deviant work behavior among nurses in the public sector in Pakistan. For this purpose the data were collected from 277 nurses working in government hospitals by using convenience sampling method. Findings showed that work place bullying results in deviant work behavior among nurses and this relationship is mediated by interpersonal conflict like negative emotional reaction, perceived disagreements and interference from and towards colleagues. The implications of the findings for hospital administrators and directions for future research are provided.

Keyword: Work place bullying, interpersonal conflict and deviant work behavior, nurses.

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Introduction

“Bullying” has attained massive attention in organization research during the past era. Bullying has been repeatedly shown by researchers to have damaging consequences for the target, observers, and for the organization (Hauge et al., 2009). Fox and Stallworth (2004) stated that employees, who perceived to be target of bullying, experienced higher level of strain, anxiety and depression resulting in damaging emotions in their personalities. Scholars found painful consequences of bullying like harassment at workplace, turnover intention, absenteeism and low commitment, low job control, job insecurity, counterwork behavior (Yeun & Han, 2016; Hassan et al., 2015; Choi & Kim, 2015; Bano & Malik, 2013; Furnham & Siegel, 2012; Hoel et al., 2011; Hauge et al., 2010; Hauge et al., 2007; Sparks et al., 2001).

Bullying should not transpire in profession committed to caring and saving the life of human beings like nursing but unfortunately bullying at workplace is an escalating issue among nurses as well (Bennett & Sawatzky, 2013). Dellasega (2009) showed that nurses are being highly victimized by bullying. In USA, 35%, and in UK, 50% of the nurses have been offended by harassment (Simons 2006). Not only in the Western culture but this phenomena is also scattering in Asian culture rapidly. Pakistan is a male dominant country (Hofstede, 1983), here nurses are being more bullied through sexual harassment by male doctors. There are unreported and reported cases of nurses being bullied in the form of rape, physical violence and unwanted sex by paramedical staff (Somani & Khowaja, 2012) but nurses are usually too scared to report because of the humiliation it would bring to them and their families (d'Oliveira et al., 2002). It creates tension, frustration and anxiety. A reaction of this frustration leads to interpersonal conflict (Rekneset et al., 2014), resulting in retribution, violence and deviance (Fox & Miles, 2005).

Numerous studies have argued that deviant workplace behavior is triggered due to bullying (Wu et al., 2014) but the mechanism through which this relationship works is the major concern of this study where limited attention is paid in the literature. Bullying creates

depression and frustration in the mind of the nurses (Yıldırım, 2009) hence the interpersonal disagreement takes place (Reknes et al., 2014) and interpersonal conflict leads to deviance (Spector et al., 2006). Social learning theory (Bandura, 1977) provides theoretical explanation of the relationship between interpersonal conflict and deviant work behavior. This theory suggests that employee's shape their own behavior by the environment, when employees are being harassed, personal conflict arises, in-result violent behavior occurs. The purpose of the present study is to examine the relationship of workplace bullying and deviant workplace behavior of nurses. Additionally our key contribution is the examination of interpersonal conflict as a mediating mechanism in the above-mentioned relationship.

Literature Review and Hypothesis Development

Bullying is a repeated and persistent action at work that involves harassing, social isolation, emotional abuse, interactional terrorizing and other destructive communication (Sandvik & Tracy, 2012) that give harsh messages to employees. (Einarsen et al., 2003). In the thoughts of Einarsen et al. (2003), bullying at work means harassing, socially rejecting someone or detrimentally disturbing someone's work tasks, it is a growing process in which the subject (person) threatened, finds him/her self at an inferior position and hence become the target of negative societal acts, so this phenomena is about regular and prolonged revelation to undesirable acts. The more repeated and frequent was the confession of bullying activities, the more pressured built in the mind of bullied employees (Notelaers et al., 2006). Different names are used in parallel of bullying. Einarsen et al., (2003) associated emotional abuse as bullying, harassment (Bowling & Beehr, 2006) and workplace incivility (Namie, 2003; Felblinger, 2008). Bullying could be in the form of physical and verbal (Scheithauer et al., 2006). Physical bullying involved physical hurt, hit and kick whereas verbal involved called disgusting names (River & Smith, 1994).

According to Dellasega (2009), in a study carried out in 5000 hospitals in Britain, it was found that 5% testified being terrorized at work; of these 50% were the nurses by far the largest group. A 2006 survey notified that 18% of nurses suffered bullying in the shape of verbal abuse, this growing trend in work place badly affected the health of nurses (Laschinger & Grau, 2012) in response nurses indulged themselves in negative acts in the form of deviant work behavior (Itzkovich & Heilbrunn, 2016; Bibi et al., 2013). Penney and Spector (2005) relate deviant work behavior with the intensity of bullying, if the intensity is low, employees engaged themselves in low level of deviant work behavior, and on the other hand if employees perceived higher intensity of bullying, in reaction, deviant work behavior would also be higher. Robinson and Bennett (1995) examined that deviance is the reaction of verbal abuse, sexual harassment and physical assault. Thus bullying or mobbing creates negative social interaction at work and produces deviant work behavior.

H1: Workplace bullying is positively associated with deviant work behavior among nurses.

Barki and Hartwick (2001) defined interpersonal conflict in general as “a dynamic process that occurs between independent parties as they experienced negative emotional reaction to perceived disagreements and interference with their attainment of their goals. Hutchinson et al. (2009) argued that bullying is unethical and immoral behavior considered as a series of hampered measures curtailing from interpersonal conflict (Andersson & Pearson 1999). Hoel, Rayner & Cooper (1999) further elaborated that dispute related to bullying results as the process of interpersonal conflict (Einarsen 1999). The reason behind that “bullying at work” is the sign of creating depression among employees (Kivimaki et al., 2003); this depression could be converted into such conflict (Fox et al, 2001).

McKenna et al. (2002) articulated that violence forms interpersonal conflict which in turn produces counterproductive work behavior (Miles et al., 2002). Quine (2001) reported that mobbing can

predict stress, tension and anxiety that caused interpersonal conflict (Spector & Jex, 1998). A reaction of this conflict resulted in deviance (Spector & Fox, 2005). Social learning theory (Bandura, 1977) addresses this mechanism by signifying that subordinates design their behavior with their surrounding environment, when employees feel of being bullied, interpersonal conflict is produced, in revenge negative behavior occurs like counter work productive behavior or deviant work behavior. Hence it is suggested that interpersonal conflict is a mechanism to produce deviant work behavior among bullied nurses and plays a mediating role between workplace bullying and deviant work behavior

H2: Interpersonal conflict mediates the relationship between the workplace bullying and deviant work behavior among nurses.

Methodology

Participants and procedure

The participants of this research were nurses employed in three different government hospitals of Rawalpindi and Islamabad because bullying is reported high in public sector hospitals. Data was gathered from nurses by using convenience sampling technique. 360 questionnaires were distributed and 290 were received 23 questionnaires were discarded on the basis of being incomplete. Finally 267 questionnaires were used, resulting 74% response rate. In order to ensure the privacy issues, the respondents were allowed not to disclose their name and name of the hospitals as well. Participation in the survey was voluntary and permission from hospitals administration was sought before data collection.

Sample characteristics

The sample founds 100% females as in Pakistan's culture the profession of nurses is coined with females exclusively. As far as education is concerned 1.9% of the respondents possessed nurses'

diploma, 73.4% were students of medical field and 24.7 % had done matriculation. In term of age groups majority of the nurses were young, 93% of the nurses belong to 18 to 30 year age and 7% of the nurses were above 41.

Instrumentation

All study variables were measured using a 5-point likert scale (Allen et al., 2007) where 1 represented “strongly disagree” and 5 represented “strongly agree” with the question statement.

Bullying

Workplace bullying was measured by negative act questionnaires (NAQ) (Einarsen & Racknes, 1997). This scale is of 18 items and assesses numerous harmful acts. The sample question is “someone withholding necessary information affecting your performance”. The alpha reliability value of the scale was .90. Nunnally and Bernstein (1994) suggested that scale is reliable if cronbach alpha value is equal to higher than .70.

Interpersonal conflict

Interpersonal conflict was measured by three item scale adopted of Fujiwara et al.(2003) and alpha value was .76. Sample question is “I disagree with the opinion of my co-worker on my job”

Deviant workplace behavior.

Twenty eight scale developed by Bennett and Robinson (2000) was used to measure deviant work behavior reported. The sample question is “Taken property from work without permission”. The cronbach alpha value of this scale was .82 which means scale is reliable as per the criteria described above.

Control Variables

One way-ANOVA was used to find variations in the mean level of interpersonal conflict and deviant workplace behavior on the basis of age and qualification of nurses. Significant differences in the mean value of interpersonal conflict ($F=6.22$, $p=.002$) and deviant workplace behavior ($F=15.13$, $p=.000$) was found among groups on the basis of qualification only. Therefore qualification level of nurses was used as control variable in the first step of regression analysis.

Results

Correlation analysis

Descriptive statistics and correlations of the study variables are shown in Table 1. The mean and standard deviation for workplace bullying are 3.42 and .53, for interpersonal conflict are 3.73 and .73 and for deviant work behavior are 2.87 and .47 respectively. The bivariate correlation matrix showed provisional support for hypotheses as workplace bullying was found significantly and positively correlated with deviant work behavior ($r=.16$, $p<.05$) and interpersonal conflict ($r=.65$, $p<.01$). Also interpersonal conflict was also found positively correlated with deviant work behavior ($r=.15$, $p<.05$).

Table 1:

Descriptive statistics and correlations

Variables	Mean	S.d.	1	2	3
1. Work place bullying	3.42	.53	(.90)		
2. Interpersonal conflict	3.73	.73	.65**	(.76)	
4. Deviant workplace behavior	2.87	.47	.16*	.15*	(.82)

N= 277, * $p<.05$, ** $P<.01$

Regression Analysis

Hierarchical regression analyses were performed to formally test the hypotheses. The results of regression analysis are presented in table 2.

Table 2:
Regression analysis

Predictors	Interpersonal Conflict			Deviant work behavior		
	B	R ²	ΔR ²	B	R ²	ΔR ²
Direct Effects						
Step 1						
Control Variables		.025			.048	
Step 2						
Work place bullying	.89**	.431	.406**	.11*	.063	.015*
Indirect effect						
Step 1						
Control variables					.048	
Step 2						
Interpersonal conflict				.08*	.063	.015
Step 3						
Workplace bullying				.07	.066	.003

N= 277, Control variable is Qualification,*p< .05, **P< .01.

First hypothesis of our study predicted that workplace bullying is directly related to deviant work behavior which is supported based on results presented in table 2 ($\beta=.11$, $p<.05$).

The second hypothesis stated that interpersonal conflict mediates the relationship between work place bullying and deviant work behavior. In order to access this relationship, a three steps linear regression analysis, based on Baron and Kenny's (1986) method was used. In the first step deviant work behavior was regressed on independent variable work place bullying, and the relationship was found significant as shown in the table 2 ($\beta = 0.11$ and $p<.05$). In the second step, the mediating variable interpersonal conflict was regressed on work place bullying, significant positive impact was found ($\beta = .08$ and $p<.05$). In third and final step, a hierarchical regression analysis was performed when deviant work behavior was regressed on the work place bullying, controlling the impact of interpersonal

conflict. It was found, as shown in table 2, that indirect effect of workplace bullying on deviant workplace behavior was insignificant ($\beta = 0.07, p > .05$) as compared to its direct effect which was significant. So H2 of our study that interpersonal conflict mediates the relationship of workplace bullying with deviant workplace behavior was also supported.

Discussion

The first hypothesis of this study which examined relationship between work place bullying and deviant behavior was accepted and this result is in-line with the results of the past studies (Penney & Spector, 2005; Laschinger et al., 2012; Robinson & Bennett, 1995) that work place bullying enhances deviant work behavior. In addition, research conducted on this issue in different countries aligned with the result of present study such as Malaysia (Hassan et al., 2015), Australia (Hutchinson, 2010), and the USA (Sandvik, 2007). Bullying among nurses is escalating issue in health care industry; literature and current study shows that, whenever nurses are being bullied, it creates stress, tension and frustration in the mind of nurses, they show their reaction in term of engaging themselves in negative act like deviant work behavior or counterproductive work behavior.

In addition the present study provides a mechanism through which employees get involved in deviant work behavior due to workplace bullying. We hypothesized and our results confirmed that interpersonal conflict mediates the relationship of workplace bullying and deviant workplace behavior. Our findings found the support of McKenna et al. (2003) who mentioned, bullying forms interpersonal conflict which eventually converts into deviant workplace behavior (Miles et al., 2002). The reason behind that, when nurses are being bullied, they put the whole blame on their colleague nurses and other staff, however they do not express their feeling openly, and start generating interpersonal conflict among themselves, the reaction of this conflict ended in result of deviant work behavior

At the moment, literature suggests, most of the nurses are involved in deviant behavior due to being bullied. Subsequently, this condition is rather worrying for health care management as Quine (2001) reported; bullying can foretell strain, depression and anxiety that caused interpersonal conflict (Spector & Jex, 1998) in response DWB takes place.

Implications for Managers

The current study provides managers in health care industry the theoretical framework and empirical evidence of how and why of bullying and its negative consequences in the shape of interpersonal conflict and deviant work place behavior. The finding of this paper suggests that, health care sector requires scrutiny in order to remove bullying from this sector; however it could be the complicated task for managers. Eradication of negative behaviors like bullying by supervisors and seniors is important for the effective functioning of healthcare organizations. Administrators and manages of hospitals must educate and train people in supervisory positions about bullying and its negative consequences. Nurses being the victim of bullying must be provided organizational support in order to reduce their intentions to behave in a deviant way.

Limitations and Directions for Future Research

Though our study has its own strengths like first time examination of mediating role of interpersonal conflict between bullying and deviant behaviors and testing of this model in healthcare sector among nurses, yet it is not free of limitations which future studies can address. The data collection was based on limited sample; a larger and more assorted sample size can give wider picture on this escalating issue. Due to the time constraint cross sectional data was used but it will be more valuable to gather data longitudinally. Furthermore the data was collected mostly from few government hospitals. A vast percentage of nurses working in private hospital scan also be observed

by future researchers to develop more comprehensive findings. In addition, current study has showed interpersonal conflict as a mediator between work place bullying and deviant work behavior, bullying can also affect the self-esteem of nurses and in response deviant work behavior takes place, so it is suggested that this variable can also be analyzed as a mediating construct for further studies.

Conclusion

Our study provides an empirical evidence of effects of workplace bullying on nurses' deviant workplace behaviors from Pakistan. Bullying at workplace is a serious problem and leads to negative consequences for the organization and colleagues of the targeted individual because interpersonal conflict mediates this relationship. Policy making in organizations and more research by scholars on this important issue is highly recommended.

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