Original Article

The relationship between personality characteristics and workplace bullying of nurses

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Abstract

Objectives: The aim of the study was to determine the relationship between personality characteristics and workplace bullying of nurses.

Methods: This descriptive and relational study was carried out with 260 nurses working in a university hospital. Data were collected using a socio-demographic questionnaire form, the Hacettepe Personality Inventory and the Negative Acts Questionnaire.

Results: The mean age of the nurses was 35.6±7.9. The general adjustment score of the nurses was 107.34±20.77, their personal adjustment score was 48.76±13.15, and their social adjustment score was 59.5±8.95. The nurses' Negative Acts Questionnaire score was 33±1.05 (22–110p). There were weak but significant negative correlations between their Hacettepe Personality Inventory scores (general, personal, and social adjustment points) and their Negative Acts Questionnaire scores (p<0.05).

Conclusion: It was found that the nurses had compatible personality characteristics and that they were not greatly exposed to workplace bullying. Nurses generally experienced less workplace bullying as their personal and social adjustment increased.

Keywords: Nursing; personality characteristics; workplace bullying.

Workplace bullying is a widespread problem and has a destructive effect on working life. The concept of workplace bullying has attracted increasing interest in recent years and is defined as a kind of violent behavior with a intent to wear down victim down psychologically.[1] On examination of available sources it can be seen that concept of workplace bullying has been described in various ways using expressions as 'mobbing', 'psychological violence', 'psychological terror', 'intimidation', 'emotional harassment', 'psychological harassment' or 'wearing down'.[1–5] These concepts are close to each other, and it was felt to be more suitable to use the term workplace bullying in the present study.

Workplace bullying is a situation when an ongoing attempt is made to force a person out of their job by gathering people—either with or without their own approval—around another person to perform malevolent actions, make insinuations, mock them and lower the person's social standing, and create an aggressive atmosphere.[6] In such an atmosphere, an individual may be constantly targeted with aggressive and negative behavior by their managers, bosses, work colleagues, subordinates or superiors; alternatively, the individual may encounter systematic hostile and unethical behavior from a group. This causes a hostile working environment.[3]

Workplace bullying is described as a negative experience suffered by an individual in an unceasing and intensive manner;[7] for this reason it is recognized as an important workplace stressor.[4] Workplace bullying is a wide-ranging, multidimensional and serious organizational problem which can have many negative results, both for employees and organizations.[3] Another important aspect of the problem is that it is often

an insidious, masked, and negative behavior carried out deliberately and continually.[7]

For an act or set of actions to be defined as workplace bullying, actions must be negative, hostile, and repeated systematically with a certain frequency (at least once a week) and over a certain period (six months); there must also be some inequality of power between the bully and the victim. Negative interpersonal behavior which is displayed once or only occasionally cannot be qualified as bullying.[3,8] Mistreatment which is frequent or carried out over a long period can cause cognitive, psychosomatic and social exhaustion.[2] For this reason, workplace bullying is qualified as an organizational problem that can have numerous negative effects on both employees and organizations.[3]

Reasons for workplace bullying may be ranked as institutional (institution culture, leadership style), personal (personality, skill), and social group (group pressure).[9] The personal characteristics of the victim, such as their age, knowledge, and skills; the personal characteristics of the attacker such as gender, illness and education; and the characteristics of the job in question, such as the level of competitiveness, poor organizational management, role conflicts and stress may be counted among the reasons for bullying.[10] Also among the reasons for workplace bullying are personal characteristics, the victim may have an anxious, aggressive or vulnerable nature, be open-minded, a person of good taste, conscientious, or especially successful; or clashes, which may break out in an organization as a result of the characteristics of a person's nature such as having a bad temper, fears, suspicions, emotions of anger or pessimism, among others.[11] People who display different personality characteristics from others or who sin some way obstruct the aims and intentions of other people have a higher likelihood of being exposed to psychological intimidation behavior.[5] Personality is comprised of a person's characteristic thought, emotion and behavioral pattern which defines and distinguish the manner in which that person interacts with the physical and social environment.[12] The individual is a stimulus system that invites various reactions from the outside world through different personal qualities, causing the different kinds of reactions of people who are included in the behavior and interaction.[13] An individual's personality can result in them being victimized and easy target of aggression, and can make them vulnerable when faced with interpersonal aggression and conflicts.[14] Some studies have indicated that personality traits may function as both predictors and outcomes of workplace bullying.[15]

It has been reported that stress levels are high among health workers and especially high among nurses,[16] with many nurses have stated that they have experienced stress from workplace bullying throughout their professional lives.[8,17–19] Studies have shown that 70% of nurses experienced workplace bullying in a single year,[20] and that in one month 72.6% of nurses experienced an event related to workplace bullying.[21] One Turkish report stated that in a period of 12 months 21% of nurses encountering workplace bullying,[22] with a further study reporting that 12 months a majority of nurses (86.5%) encountered mobbing behavior in the workplace.[23]

This shows that it is important to be able to intervene in workplace bullying, which has negative results for many workplaces and employees. The fact that nurses are at risk from workplace bullying[8,20,21] makes it incumbent on nurses to carry out research on the topic. It has been reported that the likelihood of encountering psychologically intimidation behavior is higher in those people who display personality characteristics that are included among the reasons for workplace bullying and who are different from other people.[5,11] Within the available literature, the effects of nurses' personality characteristics on workplace bullying has yet to be considered, and existing studies have been more concerned with stress, physical discomfort work satisfaction and mental disorder—such as depression—and with management problems.[7,19,22–28] It is thought that personal characteristics that remain stable or change during the course of a person's life[12] should be researched in those nurses who are at risk of workplace bullying. On this basis, the aim of the present study was to examine the relationship between the personality characteristics of nurses and the experience of workplace bullying.

Materials and Method

Participants

The population chosen for this descriptive and relational study consisted of 804 nurses who worked at Izmir in 2013; the study sample was comprised of 260 nurses selected at random using a layered random sample. The sample size was calculated using the formula for the known number of individuals in the population; this was found to be 260. Individuals participating in the study can be seen arranged according to their units in Table 1. Only individuals who agreed to participate in the study were included; nurses who were on maternity leave or leave without pay were not included.

The permission to conduct this research was obtained from the university's Ethics Committee and from the hospital. Participants were given oral and written information on the study, after which written consent was obtained from those who were willing to take part.

Measurement Instruments

Collection of data was performed using an individual description form, the Hacettepe Personality Inventory (HPI) and the Negative Acts Questionnaire (NAQ).

Individual Description Form: This form consisted of 15 questions on the socio-demographical (age, education, etc.) and professional (patterns of working, department, satisfaction with their profession, etc.) characteristics of the participants.[7,8,17,19]

Table 1. Number of individuals participating in the study according to units

Unit No.	Units	n	$N_i/N=a_i$	$A_i*n=n_i$
1	Internal units	182	182/804=0.23	0.23*260=60
2	Surgical units	169	169/804=0.21	0.21*260=55
3	Intensive care units	125	125/804=0.15	0.15*260=39
4	Emergency	84	84/804=0.11	0.11*260=28
5	Operating room	83	83/804=0.10	0.10*260=26
6	Outpatient departments	145	145/804=0.19	0.19*260=49
7	Other units	16	16/804=0.01	0.01*260=3
Total		804	1.00	260

The Hacettepe Personality Inventory: This is a test intended to measure an individual's personal and social adjustment levels. It was first developed in 1976 by Özgüven, and took its present form in 1982.[29,30] The scale is comprised of 168 items, which are answered obligatorily with a 'yes' or 'no'. These responses are then marked with an answer key and given a score of either 0 or 1.[29,31] The scale is composed of two main sections, a personal adjustment section and a social adjustment section. Depending on these two basic sections is a validity (V) scale that relates to an individual's test-taking behaviors and includes eight further sub-scales. The personal adjustment sub-scales include self-realization, emotional determination, neurotic tendencies and psychotic symptoms; and the social adjustment sub-scales include family relationships, social norms and antisocial tendencies.[29] These sub-scale scores were totaled to give personal adjustment, social adjustment and general adjustment scores. High scores indicate a healthy/adjusted condition, while low scores indicate a maladjusted condition.[13,29,30] As reported by Dündar et al. (2008), Özgüven (1976) found a mean validity value of 0.82 by applying the intermittent repetition method. In this study, the Cronbach Alpha internal consistency coefficient was found to be 0.94.

The Negative Acts Questionnaire: The other scale used, the Negative Acts Questionnaire, was developed and later revised by Einarsen and Ranks.[32] Validity and reliability work was carried out by Aydın and Öcel.[3] The scale consists of 22 items in two dimensions, designated as personal humiliation/bullying and work-related harassment/bullying. Participants marked their responses to demonstrate often they had been exposed to the behavior stated in each item over the previous six months. The frequency of exposure choices can be given sequentially as 'never', 'rarely', 'monthly', 'weekly' and 'daily'.[1,3] It allows the evaluation of the frequency with which people encounter negative actions in the workplace without making them feel stigmatized.[33] The marked scale items were then totaled and a frequency score for each participant being the target of bullying was obtained. The scale's Cronbach Alpha internal consistency coefficient was 0.88.[3] A Cronbach Alpha internal consistency coefficient of 0.83 was found for this study.

Statistical Analysis

In the data analysis stage percentages, means, medians and Spearman's Rho Correlation Analysis were used.

Results

The mean age of the nurses participating in the study was 35.66±7.92 (female: 35.60±8.11; male: 36.42±5.06). Most, 92.7%, of the nurses were female, 60.4% were married, and 39.6% were single. Regarding their education level, 16.5% of the nurses had been educated to a high-school level, 29.6% had ordinary degrees, 15.8% had completed degrees, 31.9% had bachelor's degrees and 6.2% had postgraduate qualifications (Table 2). It was found that the nurses had been working for an average of 15.08±9.03 years.

On examining patterns of working it was found that 51.9% of nurses did daytime and night work; 44.6% of the nurses were happy with their profession; and 62.1% were happy with the department in which they worked (Table 3).

Table 2. Demographical data of persons

Demographic characteristics	n	%
Age		
25 and less	32	12.3
26-35	99	38.1
36-45	99	38.1
46 and more	30	11.5
Gender		
Female	241	92.7
Male	19	7.3
Marital status		
Married	157	60.4
Single	103	39.6
Education level		
High school	43	16.5
Ordinary degrees	77	29.6
Completed degrees	41	15.8
Bachelor's degrees	83	31.9
Postgraduate qualifications	16	6.2
Total	260	100.0

Table 3. Nurses' working patterns, pleased with their profession, and experienced workplace bullying

	n	%
Patterns of working		
Daytime work	92	35.4
Night work	33	12.7
Daytime and night work	135	51.9
Pleased with their profession		
Not pleased	35	13.5
Middling	109	41.9
Pleased	116	44.6
Pleased with the department where they worked		
Not pleased	25	9.6
Middling	76	29.2
Pleased	159	61.2
Experienced workplace bullying		
Yes	155	59.6
No	105	40.4
Total	260	100.0

It was found that 59.6% of the nurses had experienced workplace bullying during their professional lives. Many of those who had experienced bullying had received it from doctors (20%) or the nurses they worked with (18.1%) (Table 3).

On examining the nurses' HPI scores, it was found that the nurses' mean general adjustment score was 107.34±20.77, their mean personal adjustment score was 48.76±13.15, and their social adjustment score was 59.5±8.95; their NAQ score was 33±1.05 (Table 4).

A weak but significant negative correlation (rs=-0.354) was found between the HPI general adjustment score and the NAQ score. A weak but significant negative correlation (rs=-0.291)

was also found between the HPI social adjustment score and the NAQ score. Similarly, a weak but significant negative correlation (rs=-0.357) was found between the HPI personal adjustment score and the NAQ score ($p<0.05$) (Table 5).

Discussion

In this study examining the relationship between the personality characteristics of nurses and their experience of workplace bullying, it was concluded that participating nurses had adjusted personal characteristics, and that personality characteristics have a limited impact on workplace bullying.

that the study found that 59.6% of nurses had experienced workplace bullying during their professional lives; simultaneously, it was found that nurses experienced the greatest proportion of bullying from doctors (20%) and from other nurses they worked with (18.1%). In other studies, Kivimäki et al.[26] (2000) found in a study of workplace bullying among hospital personnel that the proportion of those reporting at least one experience of bullying was 56%. Yildirim and Yildirim[22,23] (2007) reported that most nurses (86.5%) had encountered mobbing behavior in the previous 12 months. Çöl's[8] (2008) study of hospital workers found that the level of psychological violence was 34.9%, that the professional group with the most widespread psychological violence was nurses, and that those inflicting psychological violence were mostly doctors (22%) and nurses (21%). Yıldırım (2009) found that a proportion of nurses, 21%, who had experienced workplace bullying in the previous 12 months; Ançel et al.[18] (2012) found that 63% of nurses had been exposed to mobbing in the workplace, while Etienne[19] (2014) found that a proportion, 48%, of nurses had encountered workplace bullying in the previous six months. According to the results of the present study one out of every two nurses working in hospitals has encountered bullying at

Table 4. Nurses' Hacettepe Personality Inventory and Negative Acts Questionnaire scores

	Mean/Md	SD	Minimum-Maximum	Range
Hacettepe Personality Inventory general adjustment	107.34	20.77	52-155	0-160
Hacettepe Personality Inventory personal adjustment	48.76	13.15	18-77	0-80
Hacettepe Personality Inventory Social adjustment*	59.5	8.95	30-79	0-80
Negative Acts Questionnaire*	33.0	1.05	22-103	22-110

*Median. SD: Standard deviation.

Table 5. Relationships between the nurses' HPI and Negative Acts Questionnaire scores

	HPI general adjustment	HPI Social adjustment	HPI personal adjustment
Negative Acts Questionnaire			
r_s	- 0.354	- 0.291	- 0.357
p	0.000	0.000	0.000

HPI: Hacettepe Personality Inventory.

some time during their professional lives, and that nurses experience the greatest proportion of bullying from the doctors and the nurses they work with.

On examining the nurses' HPI scores, mean general adjustment scores were found to be 107.34±20.77, mean personal adjustment scores were 48.76±13.15, and social adjustment scores were 59.5±8.95 (Table 4). These results show that the nurses participating in the study had personalities that were compatible with their personal and social characteristics. It can be said that, regarding personal adjustment, nurses are self-confident, aware of their own skills, capable of making their own decisions, and decisive in emotional terms. Regarding social adjustment, nurses are able to form and maintain relationships with family, friends and other people, they show respect for social values and the rights of others and they distinguish their own desires and needs from those of society while being able to meet these independently. Though study was found using HPI with nurses, several studies evaluating personal characteristics or adjustment levels of adolescents, high school, and university students were identified. In a study of female university students, Herken et al.[30] (2000) reported general adjustment scores to be 94.3±22.7, personal adjustment scores to be 53.4±10.1, and social adjustment scores to be 40.9±13.5. In a study of university students, Dündar et al.[34] (2008) found a general adjustment score of 104.37±13.43, a personal adjustment score of 48.14±9.34 and a social adjustment score of 56.23±6.85. Finally, in Kalyencioğlu and Kutlu's[35] (2010) study of high school students by students' general adjustment score was found to be 100.29±18.67, their personal adjustment score 45.65±11.59 and their social adjustment score 54.64±8.78. An examination of the data shows that mean general adjustment scores were lower than those of the nurses and, apart from female university students, that the mean personal adjustment scores and mean social adjustment scores were similar.

The nurses' NAQ score was found to be 33±1.05 (Table 4). This score was derived from the Negative Acts Questionnaire, which evaluated any negative behavior suffered in the previous six months and showed that the nurses participating in the study did not experience a large amount of workplace bullying. However, the nurses had experienced a large amount of workplace bullying during the course of their professional lives (59.6%), and this supports the high levels of workplace bullying reported in the literature.[8,17–19] Cemaloğlu's[36] (2007) study of teachers found a mean NAQ score of 35.36±18.17 for the teachers' workplaces. Öcel[27] (2011) found a mean NAQ score of 37.49±19.42 among private sector workers. These mean scores among other professional groups are not much higher than the nurses' scores, and hence these results suggest that people are afraid of the reaction they may experience in their workplace and so do not give sincere responses. Furthermore, it has also been stated that the main reason for inflicting psychological intimidation on is to force individuals to conform to the rules of the larger group.[5]

The nurses' Negative Acts Questionnaire scores showed a weak but significant negative relationship with their HPI general adjustment (rs=-0.354), personal adjustment (rs=-0.357) and social adjustment (rs=-0.291) scores (p<0.05). It was concluded that as the nurses' general adjustment and the personal and social adjustment subscales increased, that nurses experienced lower levels of workplace bullying—that is, their levels of coping with workplace bullying rose. This finding supports the personal adjustment subscales with theoretical knowledge.[29,30] Personality is seen as the main factor in a person's capability to operating within their social environment.[14] It is reported that the victims of bullying had low self-esteem and displayed anxiety in social environments.[37] Individual characteristics, such as lack of confidence and inability to cope and neuroticism, have also been associated with exposure to bullying.[38,39] Furthermore, it has been reported that victims tended to be less independent, extroverted, and less mentally stable than non-victims.[40] The fact that the nurses participating in the study had personalities that were personally and socially compatible may have prevented them from being excessively affected by workplace bullying.

Conclusion

It was concluded that the nurses had adjusted personal characteristics and that they had not encountered regular workplace bullying in the previous six months; as nurses general, personal and social adjustment increased, they experienced less workplace bullying. We concluded, however, that personality characteristics have a limited impact on workplace bullying. Most of the nurses reported that they had encountered workplace bullying at some time in their professional lives. It was found that those who encountered workplace bullying mainly experienced this behavior from doctors and from other nurses they worked with.

Recommendations

Training should be arranged for nurses and other workers to create awareness of workplace bullying. There should be a reporting system in institutions for people who suffer workplace bullying or who are witness to it to report the situation. In order to avoid the negative effects of workplace bullying on both people and institutions, programs can be set up in the institutions to support nurses who are at risk of workplace bullying because of their personality characteristics. Also, training programs should be added to nursing education to develop awareness and help prevent workplace bullying. The development of a standardized educational tool could be useful in combating workplace bullying. More research is needed on whether and how personality characteristics are related to workplace bullying. Future studies should combine surveys and longitudinal designs with qualitative interviews.

Study Limitations

The measurement instruments were self-report measures. Although anonymity was ensured, there is a possibility that individuals consciously or unconsciously underreported workplace bullying and so deviant scores on individual's adjustment levels may have been collated. The results must be evaluated within the limits of the instruments of measurement used.

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