

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-Smirnov test was applied, to test the normality of the two variables, before deciding on the application of either the Pearson or Spearman's 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 AND RESULTS

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 these, 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
<i>Do you work anytime between 19h00(7pm) and 7h00am?</i>		
Yes	94	84.7
No	17	15.3
Total	111	100
<i>Do you have routine direct physical contact (washing, turning and lifting) with patients?</i>		
Yes	88	80
No	22	20
Total	110	100
<i>How worried are you about violence in your current workplace?</i>		
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
<i>Are there procedures for reporting of violence in your workplace?</i>		
Yes	95	87.2
No	14	12.8
Total	109	100
<i>Do you know how to use them?</i>		
Yes	79	81.4
No	18	18.6
Total	97	100
<i>Is there encouragement to report workplace violence?</i>		
Yes	67	73.6
No	24	26.4
Total	91	100
<i>To whom do you report? To Management/employer?</i>		
Yes	78	98.7
No	1	1.3
Total	79	100
<i>To Colleagues?</i>		
Yes	30	83.3
No	6	16.7
Total	36	100
<i>To the Union?</i>		
Yes	14	63.6
No	8	36.4
Total	22	100
<i>To SANC?</i>		
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
<i>In the last 12 months, have you been bullied in your workplace?</i>		
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
<i>Do you consider this a typical incident of bullying in the workplace?</i>		
Yes	44	65.7
No	23	34.3
Total	67	100.0
<i>Where did the bullying take place?</i>		
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 took no action were 2.98%, 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 (μ) and standard deviation (σ), 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 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 whether action 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 the 42 (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
<i>Do you think the incident could have been prevented?</i>		
Yes	37	31.1
No	10	8.4
Missing System	20	60.5
Total	67	100
<i>Was an action taken to investigate the cause of the bullying?</i>		
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
<i>To whom did you report?</i>			
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	

<i>What were the consequences for the person who bullied you?</i>			
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	
<i>Did your employer or supervisor provide you with counselling?</i>			
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	
<i>Did your employer or supervisor provide you with the opportunity to speak about/report it?</i>			
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	
<i>Did your employer or supervisor provide you with other support?</i>			
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	
<i>How satisfied are you with the manner in which the incident was handled?</i>			
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 administered 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 ($\mu=2.86$ and $\sigma=1.58$).

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 [Item 10]	.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 $p\text{-value}=0.046$. Since $p=0.046 < 0.05$, H_{01a} was rejected and the alternative hypothesis, therefore, was confirmed, which stipulated that gender does play 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 Victimization

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 or 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.

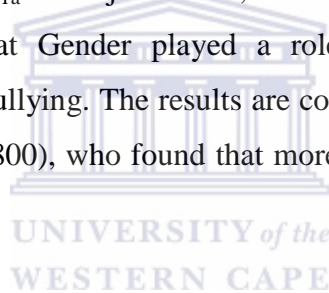
Although the role of leadership in the perpetuation of violence, over time, has been proven in various international studies, bullying is still under-reported in South Africa (Cunniff & Mostert, 2012). The results, however, contradict the fact that victims do not report the perpetrators. Research also 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 $p\text{-value} = 0.046$. 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 $p\text{-value} = 0.037$). Since $p\text{-value} < 0.05$, the H_{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.

WESTERN CAPE

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.

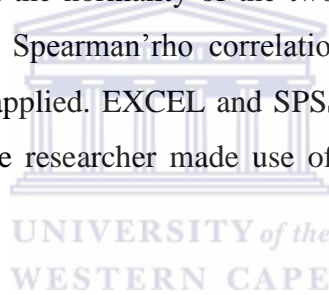
In this research, the researcher made use of a structured modified questionnaire, the Negative Acts Questionnaire Revised (NAQ-R), to determine the extent to which workplace bullying occurs among nursing staff at a psychiatric hospital in the Western Cape. The adapted questionnaire (The Negative Acts 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-Smirnov test was applied to test the normality of the two variables before deciding on the application of either Pearson or Spearman's 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

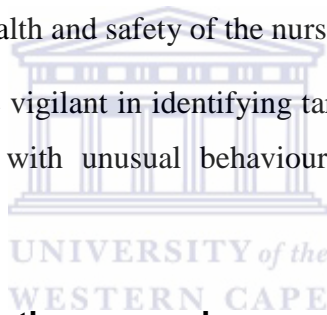
The findings of the study could be used by policy makers at psychiatric hospitals to develop a support structure, specifically for nursing staff, who experience workplace bullying. This support structure could further empower nursing staff to report workplace bullying, as soon as it occurs. Furthermore, 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.



REFERENCES

Adewumi, O., Sheehan, M. & Lewis, D. (2008). *Workplace Bullying in an emergency service organization (ESO) in the UK: An exploratory study of employees' exposure to bullying behaviours*. A paper presented at the 6th International Conference on workplace bullying sharing our knowledge, Montreal, Canada.

Agresti, A. & Franklin, C. (2008). *Statistics: The art and science of learning from Data 1st Edition*, Upper Saddle River, NJ: Pearson.

Anderson, C. (2002). Workplace violence: are some nurses more vulnerable? *Issues Mental Health Nursing*, 54, pp. 1167-1168.

Baillien, E., Neyens, I., De Witte, H. & De Cuyper, N. (2009). A qualitative study on the development of workplace bullying: Towards a three way model. *Journal of Community & Applied Social Psychology*, 19(1): 1-16.

Bjorkqvist, K. & Osterman, K. (1992). *Work Harassment Scale*. Abo Akademi, University, Finland.

Braun, K., Christel, D., Walker, D. & Tiwanak, G. (1991). Verbal abuse of nurses and non-nurses. *Nursing Management*, 22(3): 72-76.

Brink, H. (2010) *Fundamentals of research Methodology for Health Care Professionals*. 2nd Edition. Cape Town: Juta.

Brink, H., Van de Walt, C.G. & Van Rensburg, G. (2006). *Fundamental of Research Methodology for Health Care Profession 2nd edition*. Cape Town: Juta & Co.

Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist*, 34(10), p. 844.

Cahana, A. & Hurst, S.A. (2008). *Voluntary informed consent in research and clinical care: an update*. Retrieved October 20, 2015, from www.ncbi.nlm.nih.gov/pubmed/19000172.

Centre for American Nurses. (2008). Lateral violence and bullying. Retrieved from <http://www.centreforamericannurses.org/associations/9102/files/PositionStatementLateralViolenceandBullying.pdf>. May 21, 2015

Chappell, D. & Di Martino, V. (2006). *Violence at work*. International Labour Organization.

Chen, W.C., Sun, Y.H., Lan, T.H. & Chiu, H.J. (2009). Incidence and risk factors of workplace violence on nursing staff caring for chronic psychiatric patients in Taiwan. *International Journal of Environmental Research and Public Health*, 6(September), pp. 2812-2818.

Clearly, M., Hunt, G.E., Walter, G. & Robertson, M. (2009). Dealing with bullying in the workplace: Towards zero tolerance. *Journal of Psychosocial Nursing and Mental Health Services*, 47(12), pp. 34-41. Doi:10.3928/02793695-20091103-03.

Cox, H.C. (1987). Verbal Abuse in Nursing: Report of a Study: Research explores whether or not-and to what extent-verbal abuse affects nursing practice and turnover rates. *Nursing management*, 18(11), pp. 47-50.

Cox, H.C. (1991). Verbal abuse nationwide part one: oppressed group behaviours. *Nursing Management*, 22, pp. 32-35.

Cunniff, L. & Mostert, K. (2012). Prevalence of workplace bullying of South African employees: Original research. *SA Journal of Human Resource Management*, 10(1), pp. 1-15.

Deniz, N. & Ertosun, O.G. (2010). The relationship between personality and being exposed to workplace bullying or mobbing. *Journal of Global Strategic Management*, 7, pp. 129-142.

Eckleberry-Hunt, J., Lick, D., Boura, J., Hunt, R., Balasubramaniam, M., Mulhem, E. & Fisher, C. (2009). An exploratory study of resident burnout and wellness. *Academic Medicine*, 84(2), pp. 269-277.

Einarsen, S. & Hoel, H. (2001). *The Negative Acts Questionnaire: Development, validation and revision of a measure of bullying at work*. In: Paper presented at the 10th European Congress on Work and Organizational Psychology. Prague.

Einarsen, S., & Raknes, B. I. (1997). Harassment in the workplace and the victimization of men. *Violence and victims*, 12(3): 247-263.

Einarsen, S., Hoel, H. & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & Stress*, 23(1): 24-44.

Etienne, E. (2014). Exploring workplace bullying in nursing. *Workplace Health & Safety. AAOHN Journal*.62(1), pp. 6-11. doi10.3928/21650799-20131220-02.

Felblinger, D.M. (2008). Incivility and bullying in the workplace and nurses' shame responses. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 37(2): 234-242.

Ferrinho, P., Biscaia, A., Fronteira, I., Craveiro, I., Antunes, A.R., Conceição, C. & Santos, O. (2003). Patterns of perceptions of workplace violence in the Portuguese health care sector. *Human Resources for Health*, 1(1): 11.

Field, A. (2005). *Discovering Statistics using SPSS, 2nd Edition*. London, Sage.

Fox, S. & Spector, P. (Eds) (2004). *Counterproductive work behaviour*. Washington, DC: American Psychological Association.

Francis, R. (2013). *Report of the Midstaffordshire NHS Foundation Trust Public Enquiry*. London: Stationery Office.

Gaffney, D.A., DeMarco, R.F., Hofmeyer, A., Vessey, J.A. & Budin, W.C. (2012). Making things right: Nurses' experiences with workplace bullying—A grounded theory. *Nursing research and practice*, 2012.

Giorgi, G. (2008). *The negative acts questionnaire Revised (NAQ-R)*. University of Florence, Department of psychology, Florence: Italy.

Glasø, L., Matthiesen, S. B., Nielsen, M. B. & Einarsen, S. (2007). Do targets of workplace bullying portray a general victim personality profile?. *Scandinavian journal of psychology*, 48(4), pp. 313-319.

Hoel, H. & Cooper, C.L. (2001). "Origins of bullying: Theoretical frameworks and explaining bullying". *Bullying a culture of respect: Managing bullying at work*, London: Taylor and Francis.

Hoel, H. & Giga, S.I. (2006). Destructive interpersonal conflict in the workplace: The effectiveness of management interventions. *Manchester: University of Manchester*.

Hoel, H., Cooper, C.L. & Faragher, B. (2001). The experience of bullying in Great Britain: The impact of organizational status. *European journal of work and organizational psychology*, 10(4), pp. 443-465.

Hutchinson, M., Vickers, M., Jackson, D. & Wilkes, L. (2006). Workplace bullying in nursing: towards a more critical organizational perspective. *Nurs Inq.* 13, pp. 118-26.

Ishmael, A. (1999). *Harrassment, bullying and violence at work: A practical guide to combating employee abuse*. London: Industrial Society.

Johnson, S.L. (2009). International perspectives on workplace bullying among nurses: a review. *International Nursing review*, 56, pp. 34-40.

Johnson, S.L. & Rea, R.E. (2009). Workplace bullying: concerns for nurse leaders. *Journal of Nursing Administration*, 39(2), pp. 84-90.

Johnston, M., Phanhtharath, P. & Jackson, B. (2010). The bullying aspect of workplace violence in nursing: *JONA'S Healthcare Law, Ethics and Regulation*, 12(2), pp. 36-42.

Katrinli, A., Atabay, G., Gunay, G. & Cangarli, B.G. (2010). Nurses' perceptions of individual and organizational political reasons for horizontal peer bullying. *Nursing Ethics*, 17(5), pp. 614-627.

Khalil, D. (2009) *Levels of violence among nurses in Cape Town public hospitals*. *Nursing Forum*. 44, pp. 207-216.

Kivimaki, M., Elovainio, M. & Vahtera, J. (2000). Workplace bullying and sickness absence in hospital staff. *Occupational and Environmental Medicine*, 57, pp. 656-660.

Lewis, M.A. (2006). Nurse bullying organizational considerations in the maintenance and perpetration of health care bullying cultures. *Journal of Nursing Management*, 14(1), pp. 52-58.

Lewis, S. (2001). Restructuring workplace cultures: the ultimate work-family challenge?. *Women in management Review*, 16(1), pp. 21-29.

Leymann, H. (1990). Mobbing and psychological terror at workplace. *Violence and Victims*, 5, pp. 119-126.

Leymann, H. (1996). "The content and development of mobbing at work." *European journal of work and organizational psychology*5(2), pp. 165-184.

Mayhew, C. & Chappell, D. (2001). *Occupational violence: Types, reporting patterns, and variations between health sectors* (Vol. 139). School of Industrial Relations, University of New South Wales.

Mikkelsen, E.G., & Einarsen, S. (2001). Bullying in Danish work-life: prevalence and health, correlates. *European Journal of Work and Organizational Psychology*, 10(4), pp. 393-413.

Misty, M. & Lato, L. (2009). Bullying: a growing workplace menace. *British Journal of Medical Practitioners*, 2(1), pp. 23-29.

Namie, G. (2003). Workplace bullying: Escalated incivility. *Ivey Business Journal*, 68(2), pp. 1-6.

Nyambegera, S.M. (2002). Ethnicity and human resource management practice in Sub-Saharan Africa: The relevant of the managing diversity discourse. *International Journal of Human Resource Management*, 13(7), pp. 1077-1090.

<http://dx.doi.org/10.1080/09585190210131302>.

Owoyemi, O. (2010). From *School Yard to Work Yard- Workplace Bullying: An undiagnosed social problem in workplaces in Nigeria*. A paper accepted for the 6th International Industrial Relations Associations African Regional Congress. University of Lagos.

Pietersen, C. (2007). Interpersonal bullying behaviours in the workplace. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, 33(1), pp. 59-66.

Pilot, D.F. & Beck, C.T. (2008). *Nursing Research. Generating assessing evidence for nursing practice* . 8th edition.

Quine, L. (1999). Workplace bullying in NHS community trust: staff questionnaire survey. *Bmj*, 318(7178), pp. 228-232.

Randle, J., Stevenson, K. & Grayling, I. (2007). Reducing workplace bullying in healthcare organizations. *Nursing Standard*, 21(22), pp. 49-56.

Rutherford, A. & Rissel, C. (2004). A survey of workplace bullying in a health sector organisation. *Australian Health Review*, 28(1), pp. 65-72.

Simons, S.R., & Mawn, B. (2010). Bullying in the workplace: A qualitative study of newly licensed registered nurses. *AAOHN Journal*, 58(7), pp. 305-311. doi.10.3928/08910162-20100616-02 (Cross Ref).

Somani, R.K. & Khowaja, K. (2012). Workplace violence towards nurses: A reality from the Pakistani context. *Journal of Nursing Education and Practice*. 2(3), pp. 148-152.

Steinman, S. (2003). *Workplace violence in the health sector. Country case study; South Africa*. Retrieved on July 25, 2011, from <http://www.who.int/entity/violenceinjuryprevention/violence/interpersonal/en/WVcountrystudyouthafrica.pdf>.

Tambur, M. (2009). *Bullying at work: Research in Estonia using the Negative Acts Questionnaire Revised (NAQ-R)*. University of Tartu, Estonia.

Vessey, J.A., DeMarco, R.F., Gaffney, D.A., & Budin, W.C. (2009). Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing*, 25(5), pp. 299-306.

World Health Organization. (2007). *The World Health Report 2007: A safer future: Global public health security in the 21st century*.

Work Trauma. (2010). *Workplace Bullying in South Africa*. Retrieved July 06, 2015, from <http://worktrauma.org/survive-bullying/bullying-in-SouthAfrica.htm>.
www.nursingtimes.net/home/specialsms/infection-control/bullying-in-nursing-and-ways-of-dealing-with-it/50562T.article. Retrieved May 20, 2015.

Yildirim, A. & Yildirim, D. (2007). Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. *Journal of clinical nursing*, 16(8), pp. 1444-1453.

Yildirim, D. (2009). "Bullying among nurses and its effects." *International Nursing Review* 56(4), pp. 504-511.

Zapf, D., Einarsen, S., Hoel, H. & Vartia, M. (2003). Empirical findings on bullying in the workplace. *Bullying and emotional abuse in the workplace: International perspectives in research and practice*. London: Taylor and Francis.

Zapf, D. & Einarsen, S. (2003). *Individual antecedents of bullying*. In S. Einarsen, H. Hoel, D. Zapf, & C.L. Cooper (Eds.), *Bullying and emotional abuse in the workplace* (pp. 165-184). London: Taylor & Francis.



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. <=19 2. 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 and 16 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. NO
22.5	Other, please specify:	

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

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: [hj Julie@uwc.ac.za](mailto: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



OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

4 November 2014

To Whom It May Concern

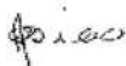
I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Mrs A Samuels (School of Nursing)

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*

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A place of quality,
a place to grow, from hope
to action through knowledge

Appendix 5: Lentegeur Hospital Ethical Approval Letter

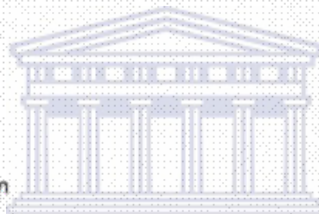


Co Highlands Drive & AZ Berman
Lentegeur
Mitchell's Plain
7785

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 – Amriena 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

A handwritten signature in black ink, appearing to read "P. Smith".

Dr P. Smith
Chair – Research Ethics Committee
Lentegeur Hospital

1st floor, Admin. Building,
tel: (021) 372 1105 / 405 fax: (021) 371 7339

redjacob@pgwc.gov.za

Appendix 6: Editorial Certificate

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

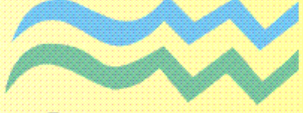
The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

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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