Hostile Workplace Behaviors and its Relation to Job Commitment among Nurses

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Abstract

Background: Hostile workplace behaviors are destructive and unaccepted behaviors. It has several adverse effects on nurses' and patient outcomes and negatively affected on nurses' job commitment. **Aim:** The study was aimed to assess hostile workplace behaviors and its relation to job commitment among nurses. **Study design:** A descriptive correlational design was used. **Setting:** The study was conducted in Critical Care Units at Benha University Hospital. **Subjects:** All available staff nurses (420). **Tools of data collections:** Two tools were used; Hostile workplace behaviors questionnaire and nurses' job commitment questionnaire. **Results:** Show that, more than two thirds (68.8%) of the nurses had high level of total hostile workplace behaviors. Also, more than half (59.5%) had low level of the total job commitment. **Conclusion:** The study concluded that, there was highly statistically significant negative correlation between hostile workplace behaviors and job commitment. **Recommendations:** Conducting training program for health care team to increase awareness toward hostility

Key words: Hostile workplace behaviors, Job commitment, Nurses.

Introduction:

Health organizations are confronted with several challenges and threats related to both the external and internal environment. The growing effect of these phenomena has led to the evolution of a hostile work environment characterized by a number of passive behaviors such as the lack of functional security, imbalanced work and family lives, ill treatment or harassment at work, bad psychological environment represented by work-related stress, administration's autocratic treatment, conflicts, and exposure to threats including all kinds of hostility **(Buhrow& Yehle, 2023).**

Workplace hostility is a destructive and unacceptable behavior. It include all acts of unkindness, discourtesy, sabotage, divisiveness, infighting, lack of cohesiveness, scapegoating, criticism, the comments that devalue nurses' area of practice, and others different from the 'norm' such as disinterest, discouragement and withholding support, behaviors that seek to control/ dominate, elitist attitudes about work area, education or experience; attitude and physical behaviors such as intimidation, hitting or assault (**Kim, Cohen & Panter, 2023).**

Hostile workplace behaviors can usually be found in organizations due to lack of fairness and lack of transparency which force the nurses to feel humiliation and lack of equity. The major reason leading to hostile behavior at work place can be related to the spread of corruption and favoritism, adding to the absence of code of ethics and management's failure to respond directly and to take corrective action towards hostile behavior. There are various factors that may trigger dysfunctional behavior such as lack of equity, lack of proper formalizations,

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inappropriate organizational culture, lack of proper supervisor's behavior to control the organization behavior **(Sharma& Kulshreshtha, 2021).**

The hostile behaviors most commonly found in bad organizations range from a subtle comment made many times or play out as a serious abuse of authority. These remarks, actions, or behaviors may come from nurse, physician, nurse managers, or they may come from organization **(Lim, et al., 2022).** There are many effects of hostile workplace behaviors on nurses' health for decreasing physical health such headache, fatigue, gastric upset, palpitations, Also, psychological effects such as fear, mental disorders as stress, loneliness, irritability, anger, sadness, low self-esteem, and the feeling that the profession is not respected **(Goh, Hosier & Zhang, 2022).**

Job commitment is defined as the level of enthusiasm to tasks assigned at a workplace. It is the feeling of responsibility toward the goals, mission, and vision of the organization. It is characterized by a strong belief in and acceptance of the organizational goals and values, a willingness to exert considerable effort on its behalf, and a strong desire to maintain membership in the organization **(Goetz & Wald, 2022).**

Job commitment influences the effectiveness of an organization in provides quality services, having several positives in job outcomes including reduced absenteeism and turnover, work effort, and job performance **(Saputra& Mahaputra, 2022).** There are three dimensional components of commitment; affective commitment which know as emotional attachment to an organization, continuance commitment reflects the perceived costs-benefit evaluation of maintaining organizational membership and normative commitment reflects the

feelings of obligation to remain with the organization **(Hafat& Ali, 2022).**

The nurses' experience of hostile workplace behaviors can have serious adverse effects not only on nurses, but also on the quality of nursing care provided to patients. Due to their physiological instability and related needs, critically ill patients require nurses who can provide constant, precise, good nursing care. When hostile workplace behaviors occurs in intensive care units, nurses may be or become unable to provide safe, quality care to critically ill patients. In addition, nurses may leave the current employment to end the cycle of abuse they are exposed to at work and negatively influencing on the nurses' job commitment **(Nagib & Mohamed, 2020).**

Significance of the study

Hostile workplace behaviors in nursing profession have been a real problem. **Caristo, (2019)** found that the main source of hostile workplace behaviors was from a peer 57%, also found from director of nursing manager, supervisor, charge nurse, is about 19%. From researchers clinical experience it's observed that hostile workplace behaviors are widely occurred among nurses' working in critical care units due to working in an extremely stressful work environment for a long time and dealing with life threating patient, so it may affects negatively on the quality of patient care, the effectiveness of the health care organization as well as the job commitment, so this study was conducted to assess hostile workplace behaviors and its relation to job commitment among nurses.

Aim of the study:

The study was aimed to assess hostile workplace behaviors and its relation to job commitment among nurses.

Research questions

1-To what extent the nurses exposed to the hostile workplace behaviors?

2-What is the level of nurses' job commitment?

3-Are there a relation between hostile workplace behaviors and job commitment among nurses?

Subjects and method:

Study Design:

Descriptive correlational design was utilized to achieve the aim of the present study.

Setting:

The current study was conducted in Critical Care Units at Benha University Hospital. The hospital consisted of three separated building namely; medical, surgical and ophthalmology building. The total number of beds in Critical Care Units was 166 beds divided to Emergency Intensive Care Unit (10 beds), General Intensive Care Unit (22 beds), Dialysis Intensive Care Unit (12 beds), Cardiac and Chest Intensive Care Unit (6 beds), Cardiac Intensive Care Unit (9 beds), Chest Intensive Care Unit (7 beds), and Pediatric Intensive Care Unit (24 beds), Neonatal Intensive Care Unit (26), Dialysis Care Pediatric Units(8), Intermediate Intensive Care Unit (16 beds), Hepatic Intensive Care Unit (9 beds), Oncology Unit (5 beds), Psychiatric Intensive Care Unit (12 beds).

Study Subjects:

All nurses (420) who are working at the above mentioned study setting at the time of the study **Tools of data collection:**

The data for this study was collected by using two tools namely:

Tool (1): Hostile workplace behaviors questionnaire

Adapted from **(Khalil, 2019)** and modified by the researchers. It consisted of two parts:

Part (I-A): It include personal characteristics of nurses (work unit, age, gender, marital status, educational qualification, years of nursing work experience)

Part (I-B): General questions about hostile workplace behaviors consisted of three questions (have you exposed to hostile workplace behaviors before, who did the hostile behavior, how many times

Part II: It was consisted of (59) items to assess hostile workplace behaviors.

divided into two subcategories: Types of hostile workplace behaviors (40 items) &effects of hostile workplace behaviors (19 items).

Scoring system:

Nurses' exposure to hostile workplace behaviors was measured by using three points Likert scale as follows; always = (3), sometimes = (2) and never = (1).

Total score was categorized into three levels as the following:

High level of hostile workplace behaviors: >75% of total score =>90 points. Moderate level of hostile workplace behaviors: 60-75% of total score =72-90 points. Low level of hostile workplace behaviors< 60% of total score =<72 points **(Khalil, 2019)**.

Tool (2): Nurses' job commitment questionnaire

It was adopted by **(Fahmy, 2021)**, and it was modified by the researchers to assess levels of nurses' job commitment. It divided into three subcategories (affective, continuance and normative commitment).

Scoring system:

Nurses' job commitment was measured by using three points Likert scale as follows; agree = (3), neutral = (2) and disagree = (1).

Total score was categorized into three levels as the following:

High level of nurses' job commitment: >75% of total score =>51 points

Moderate level of nurses' job commitment: 60-75% of total score =41-51 points

Low level of nurses' job commitment: <60% of total score =<41 points **(Fahmy, 2021)**.

Administrative Design:

An official permission was issued from the Dean of the Faculty of Nursing Benha University to the Director of Benha University Hospital for taking their permission to conduct the study and seek their support. The researchers met the nurses of each unit to determine suitable time to collect data.

Ethical Considerations

Before conducting the study, the researchers obtained ethical approval from Ethical and Research Committee from Faculty of Nursing, Benha University. The respondent rights were protected by ensuring voluntary participation, so the informed consent was obtained from each participant after explaining the aim of the study, its potential benefits, methods for filling data collection tools and expected outcomes. The respondent rights to withdraw from the study at any time were assured. Confidentiality of data obtained was protected by allocation code number to the questionnaire sheets. Subjects were informed that the content of the tools used for the study purpose only.

Validity of the tools:

-The tools were tested by Jury group consisted of five experts from Nursing Administration two assistant professors of Nursing Administration from Benha University, two professors of Nursing Administration from Faculty of Nursing Tanta University and one Professor of Nursing Administration from faculty of Nursing Ain Shams University.

-Some modifications in Arabic statements were done in tools based on comments of jury experts such as modifying some words in some statements to give the right meaning for the phrase which did not understand clearly to arrive at the final format of the tools.

Reliability of tools

Reliability of tools tested by using Cronbach's Alpha coefficient, to estimates the consistency of measurement tool as the following: Tool I was (0.93) and Tool II was (0.94).

Pilot study:

A pilot study took one month to test the sequence of items feasibility, practicability and applicability of the tools, clarity of the language and to estimate the time needed for filling each tool. It was done on 10% of the total studied subjects (42 nurses) there was no modification of the pilot study, so the pilot study was included in the main study.

Field work:

Preparatory phase started from the beginning of April to end of June2022 covering three months, it included the following:

-Reviewing the national and international related literature using Journals, Periodicals and internet of the various aspects concerning the topic of the study to construct study tools and translate the tools into Arabic to check its accuracy.

-Data Collection tool about three months from August 2022 to October 2022.

-The researchers met nurses in each unit and explained the aim, the nature of the study, the method of filling questionnaire and this was done individually or through group meetings of nurses during morning and afternoon shifts after taking the permissions from the head nurse of each unit according to the workload in each unit.

-The researchers distributed the data collection tools with some instruction about how to fill it.

-The data were collected from nurses for three days per week from 10 a.m. to 1.30 p.m.

-The average time needed to fill two questionnaires ranged from (20-25minutes). The average number of completed sheets daily ranged from 13-14 sheets, the filled

forms was revised to check their completeness to avoid any missing data.

Statistical analysis:

After completion of data collection, the data was organized, analyzed, and tabulated data entry and statistical analysis was done using Statistical Package for Social Sciences (SPSS ver. 25.0). Descriptive statistics were applied in the form of mean and standard deviation for quantitative variable and frequency, percentage for qualitative variable. Test of significance, Chi-square test was used to detect the relation between variables. In addition, correlation coefficient (r) test was used to estimate the closeness association between variables. The P-value is the probability that an observed difference is due to chance and not a true difference. A significant level value was considered when p-value <0. 05 and a highly significant level value was considered when p-value<0.001.

Results:

Table (1): Illustrates that, less than half (46.0%) of the nurses aged from 25-<30 years with Mean ±SD 29.70±5.18, the most (91.7%) of nurses were female, more than three quarters (78.3%) of them were married. Also less than two fifths (38.6%) of them had Bachelor of Nursing science and less than three fifths (58.1%) of them had < 10 years of experience with Mean ±SD 9.13±6.89.

Figure (1): Demonstrates that, more than two thirds (68.8%) of the nurses had high level of hostile workplace behaviors. While, less than one fifth (16.7 %) of them had low level of hostile workplace behaviors.

Table (2): Displays that, the total mean score of hostile workplace behaviors types was (101.15±12.28), also the highest mean was (26.77±2.84) related to total Physician -to-nurse hostile workplace behaviors. While, the lowest mean was (23.80±4.75) related to total organizational hostile workplace behaviors.

Figure (2): Demonstrates that, more than half (59.5%) had low level of job commitment and more than three fifth (62.2) had high level of normative job commitment. While, less than fifth (19.3%) of the nurses had high level of continuance job commitment among nurses.

Table (3): Displays that, the highest mean score was (36.02± 7.55) related to total job commitment. While, the lowest mean is (10.98±3.30) related total affective commitment.

Table (4): Displays that there was a highly statistically significant negative correlation between hostile workplace behaviors and job commitment among nurses. This mean when hostile workplace behaviors had increased, the job commitment among nurses had decreased and versus.

Table (1): Distribution of nurses regarding their Personal characteristics (n=420)

| Personal characteristics	No	%
Age		
20-< 25 years	38	9.0
25-<30 years	193	46.0
≤ 30 years	189	45.0
Mean ±SD	29.70±5.18	
Gender		
Male	35	8.3
Female	385	91.7
Marital status		
Married	329	78.3
Unmarried	91	21.7
Educational qualifications		
Diploma degree in Nursing	113	26.9
Associated degree in Nursing	145	34.5
Bachelor of Nursing Science	162	38.6
Years of work experience		
< 10 years	244	58.1
10-<20 years	121	28.8
≤ 20 years	55	13.1
Mean ±SD	9.13±6.89	
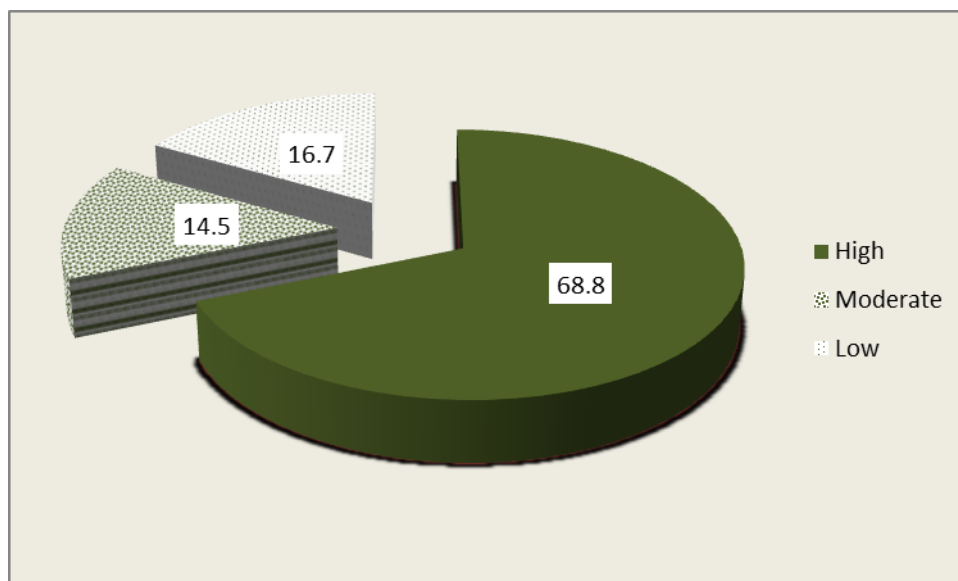
Figure (1): Hostile workplace behaviors levels

Table (2): Total mean scores and standard deviation of hostile workplace behaviors types among nurses

Hostile workplace behaviors	Max	Mean ±SD	Mean%	Ranking
Nurse to Nurse hostile workplace behaviors	30.00	24.50±4.44	81.7	3
Physician -to-nurse hostile workplace behaviors	30.00	26.77±2.84	89.2	1
Nurse manager to nurse hostile workplace behaviors	30.00	26.06±3.44	86.9	2
Hostile workplace behaviors related organization	30.00	23.80±4.75	79.3	4

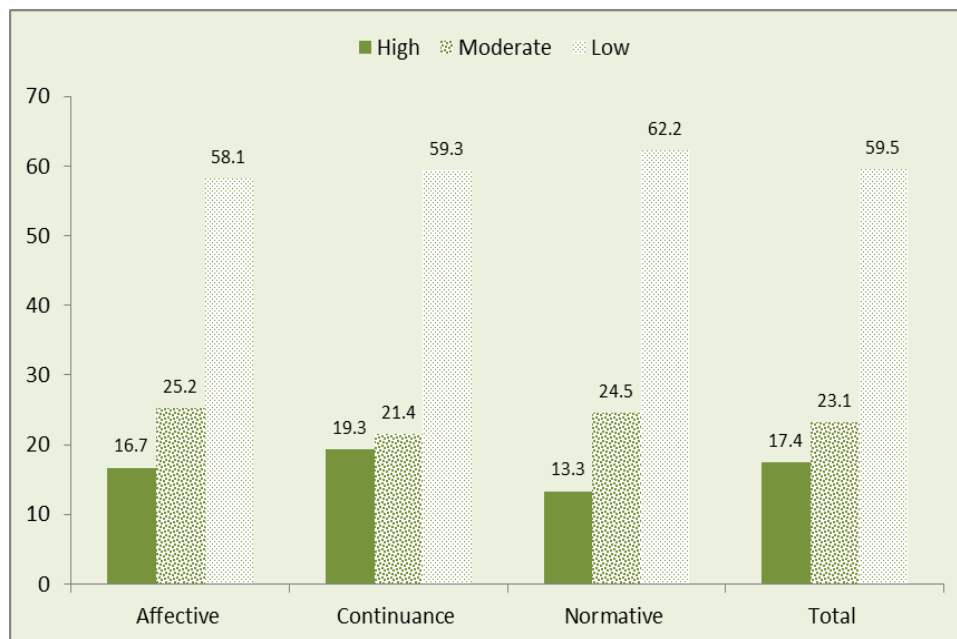**Figure (2): Job commitment levels among nurses**

Table (3): Total mean scores and standard deviation of job commitment dimensions among nurses

Dimensions of job commitment	Max	Mean ±SD	score%	Ranking
Affective commitment	18.00	10.98±3.30	61.0	1
Continuance commitment	27.00	11.26±3.18	41.7	3
Normative commitment	24.00	13.77±3.25	57.4	2
Total job commitment	69.00	36.02±7.55	52.2	—

Table (4): Correlation between hostile workplace behaviors and job commitment among nurses

Hostile workplace behaviors	Job commitment	
	R	P-value
	-.576	.000**

** Highly statistical significance (p<0.001)

Discussion:

Nurses in the health organizations are suffering from the harmful effects of the hostile workplace behaviors. It is important to keep the working environment safe, cooperative and respectful. The relationships experienced among nurses, physicians and managers have a significant impact on cases of hostility, thus result to decreased staff morale, employee dissatisfaction, decreased staff retention, decreased feeling of empowerment and ultimately, loss of professional obligation and commitment (**Kim, Cohen& Panter, 2023).** Hostile workplace behaviors are repeated inappropriate behaviors, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work, which could reasonably be regarded as undermining the staff nurses right to dignity at work (**Buhrow& Yehle, 2023).**

The present study was conducted to assess hostile workplace behaviors and its relation to job commitment among nurses.

Concerning distribution of studied nurses regarding their personal data. The present study results indicated that, less than half of the nurses aged from 25-<30 years, the most nurses were females, more than three quarters were married. Also less than two fifths had bachelor of nursing science and less than three fifths had < 10 years of experience. Also, shows that, less than three quarters of the nurses exposed to hostile workplace behaviors, nearly more than half explain that they were exposed to hostile workplace behaviors from physician. Furthermore. less than half experienced hostile workplace behaviors twice time and the most not taken courses on dealing with hostile workplace behaviors.

Regarding total levels of hostile workplace behaviors among nurses the present study

demonstrated that, more than two thirds of the nurses had high level of total hostile workplace behaviors. Also, the result of study revealed that, less than one fifth of them had low level of total hostile workplace behaviors. From researchers' point of view this may be due to working in critical care units, caring of critical ill patient under stress, dealing with more chronic and complex illnesses, not enough resources and the most of nurses not taken courses on dealing with hostile workplace behaviors.

This result supported by **Khalil, (2019)** who studied "Hostile workplace behaviors and its relation to intent to leave among nursing staff in Zagazig University Hospital, and showed that about three fifth of participants had high level of perception regards hostile workplace behaviors. On the other hand, this result was disagreement with **Maaari, Amjad & Ansari, (2017)** they studied "Workplace violence towards nurses of intensive care areas and emergencies at civil hospital Karachi", and revealed that more than third of nurses had high level of workplace violence.

Concerning total mean score and standard deviation of hostile workplace behavior types among nurses the current study displayed that, the highest mean was related to total physician -to-nurse hostile workplace behaviors. From researchers' point of view this may be due to the long working hours, direct face to face contact between nurses and physician, poor relationship between physician and nurses

This result disagreed with **Weldetsadik et al., (2019)** they conducted study about "Quality of nursing care and nurses' work environment in Ethiopia and revealed that, the lowest mean score related to nurse-physician collaboration (team work) between nurses and physicians .Also, this result was in contrast with **Hawkins, Jeong & Smith, (2021)** they studied "Negative workplace behavior and

coping strategies among nurses: A cross sectional study", they indicated that the highest mean score was related to colleagues and the lowest mean score related to physicians.

Also, the result of study revealed that, the lowest mean score was related to total organizational hostile workplace behaviors. From researchers' point of view this may due to managers use threats and intimidation in the workplace and hide the workplace hostility. This result was inconsistent with **Al-Ghabeesh & Qattom, (2019)** they studied "Workplace bullying and its preventive measures and productivity among emergency department nurses", and revealed that the highest mean score was reported for work-related bullying. Also this result was in contrast with **McMahon et al., (2013)** they studied "A report on the extent of bullying and negative workplace behaviors affecting Irish nurses", and revealed that the highest mean score was related to the management predominately by supervisors or senior managers.

As regard to total levels of job commitment among nurses the present study findings demonstrated that, more than half of nurses had low level of the total job commitment and more than three fifth of them had high level of normative job commitment, Also, the result of study revealed that, less than fifth of the nurses had high level of continuance job commitment among nurses. From researchers' point of view this may be explained by hostility behaviors against nursing staff, lack of training programs for nurses about hostile workplace behaviors and how to solve it and lack of reward system.

This result agreed with **Al-Haroon & Al-Qahtani, (2020)** they studied "Assessment of organizational commitment among nurses in a major public hospital in Saudi Arabia" and revealed that less than two fifths nurses

showed a low level of job commitment and the continuous commitment subscale received the largest number of positive responses. On the other hand, this result was incompatible with **Basco, (2022)** who studied "Resilience and organizational commitment among healthcare workers in Laguna medical center basis for enhancement program" and revealed that the level of organizational commitment of healthcare workers in all variables used were high in terms of affective commitment, continuance commitment, and normative commitment.

As regard to total mean scores and standard deviation of job commitment dimensions among nurses the present study displayed that, the highest mean score was related to total normative commitment. From researchers' point of view this may be because nurses don't want to lose the salary and prestige linked with the work and therefore, nurses may believe that staying in organization is the right thing to do.

This result congruent with **Al-Haroon & Al-Qahtani, (2020)** they revealed that the lowest mean score and less agreement was for continuous commitment than the normative and affective commitment. On the other hand, this result was incompatible with **Torkaman, Heydari & Torabizadeh, (2020)** they studied "Nurses' perspectives regarding the relationship between professional ethics and organizational commitment in healthcare organizations" and revealed that the highest mean score of commitment was related to continuance commitment dimension.

Also, the result of study revealed that, the lowest mean scores was related total affective commitment. This may attributed to hostility against nurses resulted in low levels of nurses' loyalty to their organization due to their perception of being persecuted. This result was incompatible with **Sepahvand et al., (2017)** they studied "The relationship between

some demographic characteristics and organizational commitment of nurses working in the Social Security Hospital of Khorramabad" and revealed that the lowest mean score was related to total normative commitment.

Regarding correlation between total hostile workplace behaviors score and total job commitment scores among nurses the present study findings displayed that there was a highly statistically significant negative correlation between total hostile workplace behaviors score and total job commitment score. This mean when hostile workplace behaviors increased, the job commitment among nurses decreased, and when hostile workplace behaviors decreased, the job commitment among nurses increased. From researchers' point of view this may be due to nurses' exposure to persistent criticism of their work and effort and exposure to repeated reminders of their errors and also ridiculed and belittled which may increases their perception of being burned-out and negatively affect their job commitment.

This result was supported by **Chang & Cho, (2016)** they studied "Workplace violence and job outcomes of newly licensed nurses", and revealed that all types of hostile behaviors had an inverse relationship with nurses commitment when analyzed separately, Also, the result of study revealed that verbal abuse and bullying had a significant inverse relationship with commitment when estimated jointly. Also, the result of study revealed that this result was incompatible with **Bambi et al., (2018)** they studied "Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors" and founded that organization commitment have no correlated with lateral violence and workplace incivility.

Conclusion

In the light of the present study findings, the study concluded that, more than two thirds of nurses had high level of total hostile workplace behaviors and nearly two thirds of nurses had high hostile behaviors from physician. Additionally, more than half of nurses had low level of total job commitment. Meanwhile, there was a highly statistically significant negative correlation between hostile workplace behaviors and job commitment among nurses.

Recommendations:

Based on the findings of the present study, the following recommendations are proposed.

For the hospital administration

I-At the hospital administration level

-Conducting training program for health care team to increase awareness of health care team toward hostility and its potential consequences such as physical, psychological, social, and organizational consequences.

-Improving compensation system of basic salary, bonuses, career development and other factor that increase job commitment among nurses.

-Encouraging the health care team to work together toward organizational goals to improve team work skills and increase their job commitment.

-Improving the relationship between managers and nurses by conducting effective and fairness performance appraisal.

II- At the nurse manager level

-Enhancing open communication between health care team in critical care units to eliminate the humiliation or ridicule in the workplace.

-Provide positive environment to eliminate hostile workplace behaviors and improving quality of patient care.

-Fair assignment, more appreciation for staff nurses that increase autonomy, feeling of responsibility and job commitment.

-Provide support, psychological counseling and comprehensive care for nurses' victim of hostility and inform nurses about their rights to create positive atmosphere for nurses.

III-Recommendations at nursing level

-Nurses need to learn to be a good model, communicate respectfully with each other and participate in collaborative interdisciplinary initiatives to prevent hostility.

-Nurses need to participate in training programs, conferences and monthly meeting to offer work needs, and problems.

-IV-Opportunities for further researches

-Replication of the study on a large probability sample is highly recommended to achieve generalized results.

-Conduct study to identify the effective strategies to eliminate hostile workplace behaviors.

-Further research is needed to assess the impact of hostile workplace behaviors on the organizational outcomes.

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السلوكيات العدائية بمكان العمل وعلاقتها بالإلتزام الوظيفي بين الممرضين

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تعتبر السلوكيات العدائية بمكان العمل من السلوكيات المدمرة والغير مقبولة.لذا هدفت الدراسة إلى تقييم السلوكيات العدائية بمكان العمل وعلاقتها بالإلتزام الوظيفي بين الممرضين. لذا هدفت هذه الدراسة الي تقييم السلوكيات العدائية بمكان العمل وعلاقتها بالإلتزام الوظيفي بين الممرضين. تم استخدام البحث الوصفي الارتباطي لإجراء هذه الدراسة. وقد أجريت هذه الدراسة في وحدات الرعاية الحرجة بمستشفى بنها الجامعي على جميع الممرضين المتاحين الذين يعملون في مكان الدراسة المذكور أعلاه والذي يبلغ عددهم 420 ممرض/ه.تم جمع بيانات هذه الدراسة باستخدام استمارة استبيان للسلوكيات العدائية بمكان العمل واستمارة استبيان عن الالتزام الوظيفي بين الممرضين. وقد تبين احصائيا ان أكثر من ثلثي الممرضين لديهم مستوى عال من اجمالي السلوكيات العدائية بمكان العمل واكثر من النصف لديهم مستوى منخفض من اجمالي الالتزام الوظيفي. لذا اوصت الدراسة بإجراء برنامج تدريبي لفريق الرعاية الصحية لزيادة وعي طاقم التمريض والاطباء ومديري التمريض تجاه العداء وعواقبه المحتملة وتحسين نظام التعويضات والرواتب الاساسي والمكافأت والتطوير الوظيفي وعوامل أخرى تزيد من الالتزام الوظيفي بين الممرضين.