EXPOSURE OF HEALTHCARE SERVICE WORKERS TO PSYCHOLOGICAL HARASSMENT AT WORK (PILOT SURVEY)

Danguolė Drungilienė, Viljaras Reigas
Klaipėda University, Klaipėda Nursing Hospital

ABSTRACT

Research background. This research is important because the instrument of foreign researchers is applied and used to perform opportunity analysis in Lithuania.

The aim of the study – to assess the experienced psychological harassment of healthcare institution workers at work.

Methods. Doctors, tenders and tender assistants working in a healthcare institution were surveyed using the questionnaire survey method. For the evaluation of harassment at work, the Work Harassment Scale (WHS), which was composed by K. Björkqvist and K. Österman in 1994, was used.

Results. The performed pilot study revealed that psychological harassment at work took various forms, such as the limitation of freedom of self-expression, situations of intentional disruption in one or another way, loud bawling out, etc. These factors are common in many organisations. Workers at healthcare institutions more often than workers at other organisations face manifestations of psychological harassment because of the specificity of activity. The most common forms of psychological harassment were identified in the study. They are situations where a worker was loudly bawled out (17.3%) or criticised (17.4%), falsehoods were said about a worker (23.9%). Less common forms of psychological harassment were assertion that a worker has mental disorders or isolation.

Conclusions. Psychological harassment might take various forms in the medical staff work environment. The WHS, which was used for the assessment, is an appropriate tool for further assessments of psychological harassment of healthcare service workers.

Keywords*:* psychological harassment, psychological violence.

INTRODUCTION

Safe working conditions are one of the most important guarantees for a successful performance of an organisation. They are understood not only as timely paid salary, properly equipped workplace and provision of measures necessary for work, but also as psychosocial work environment, which includes the relationship with patients, as well as the relationship between co-workers. A psychologically safe and healthy workplace promotes emotional well-being between workers. When workers are not safe psychologically, they face demoralisation, risk and tension, they begin to understand that the working conditions are inadequate, they are ambiguous and unpredictable. This, in turn, may harm service users and public confidence of an organisation (Canadian Center for Occupational Health and Safety, 2014).

Psychological harassment is evidenced in an adverse and repetitive behaviour, which might impair physical, mental, spiritual, moral or social welfare of an individual. At work, a victim of psychological harassment is affected through professional sphere, personal reputation and isolation (Vėbraitė et al., 2013).

Psychological harassment can occur between workers and patients, co-workers, workers and management or might be evidenced in all aforesaid forms. When psychological harassment takes place, it is attempted to discredit an individual. It should be noted that often discredit might take a subtle form, so it becomes difficult to identify it. In some cases, in the cultural aspect, psychological harassment is understood as a normal phenomenon despite its harmful effects (Shields, Wilkins, 2009).

In the literature of professional health the stressful work environment is identified as the main factor of psychological harassment at work. Violence is associated with improper planning of work, rigid hierarchy, too severe or too liberal job requirements, faulty management behaviour, socially vulnerable victim position, low moral standards, circumvention of responsibility of taken actions, disincentive to work well and the application of the system of fines. Emphasis is placed on disrespect of human rights and tolerance for activities of humiliating an individual, insufficient attention to education of ethical working relationship.

It is believed that in the work environment psychological harassment affects not only the success of an organisation, but it also affects the subjective assessment of a worker of his own life quality, which depends on physical health and psychological state, the degree of independence, social relations and relations with the environment of an individual (Kalėdienė et al., 1999). The quality of life at work is understood as relationship of workers with the work environment and the quality of work (Bubnys, Petrošiūtė, 2008). The degree of satisfaction of life quality at work results from various factors of work and work environment. In its turn, an individual's satisfaction with life quality at work affects their dedication to the organisation and determination to work there. Appreciating the high life quality, an individual also feels greater satisfaction with the life quality at work (Akranavičiūtė, Ruževičius, 2007).

One of the studies found out that over the past 12 months 47.7% of doctors who were involved in the study (45.9% women, 35.8% men) experienced psychological abuse at work. During the same period, 29.9% of teachers experienced psychological abuse at work (Vėbraitė et al., 2013). Because of conflict situations at work, the risk for a doctor to experience psychological abuse is increased almost 3 times, for a teacher – more than 4 times (Akranavičiūtė, Ruževičius, 2007). Another study found out that out of 422 tenders working in Jordan, almost 70% of them experienced psychological abuse at work, which was associated with

management, staff, patients and their relatives, the installation of a workplace and physical safety (Raeda, Ali, 2013). Evaluating the occurrence of psychological and physical abuse resulting from patients, M. Shield and K. Wilkins (2009) indicate that out of all tenders working in stationary healthcare institutions and involved in the study, 34% of them experienced physical and 47% – emotional harassment (Shields, Wilkins, 2009).

METHODS

The pilot study was conducted in one stationary healthcare institution. Doctors, tenders and tender assistants, working in the institution, were surveyed using a questionnaire survey method. These workers were selected using a convenience sampling strategy because it was easy to find all the participants as all of them worked in one investigated healthcare institution. The sample was purposive, i.e. individuals who had investigated features were included into a group. During an anonymous survey, 62 questionnaires were distributed, 50 of them were filled in.

The selection of respondents was based on the following criteria: approved doctors, tenders and tender assistants who were at their workplace during the survey and agreed to participate in the research. The demographic data of respondents, i.e. age, gender and position, were recorded in the demographic section of the questionnaire. These criteria did not influence the selection of respondents, although according to some researchers, the hierarchical structure affects the occurrence of harassment at the workplace. Due to the small amount of respondents and due to the research objectives, the data comparison was not performed in relation to the occupied positions in the institution.

For the evaluation of harassment at work, the Work Harassment Scale (WHS), which was composed by K. Björkqvist and K. Österman in 1994, was used (Björkqvist et al., 1994).

With the agreement of the authors, in 2008 the translation of the questionnaire was conducted in accordance with the general requirements of the test translation. The permission for the application of the scale was received from the authors in 2010. The WHS translation was carried out by M. Astrauskaitė, J. Liesienė and R. M. Kern. The WHS is comprised of 24 questions. Statements are valued on a Likert 5-point scale from 0 to 4. The Cronbach's alpha coefficient was used for the internal consistency of the questionnaire scale. This coefficient, which is based on the correlation of various questions composing the questionnaire, assesses whether all scale questions adequately reflect the assessed size. It also enables to adjust the number of questions in the scale. After the assessment of the internal consistency of the aforementioned scale, the Cronbach's alpha value was 0.89. According to

this result, the scale was used for further investigation. The questionnaire survey data was analysed using SPSS 16.0 statistical analysis package; MS Excel 2007 tables were used for the accumulation of variables (investigative features).

RESULTS

Using the scale of psychological harassment (Björkqvist et al., 1994) the study found that workers of healthcare institution experienced all forms of psychological harassment, though some workers experienced them more often than others. For example, 7 out of 10 respondents indicated the limitation of freedom of self-expression; 6 out of 10 respondents indicated situations of intentional disruption. The distribution in percentage showed that 28.2% of respondents often or very often experienced the limitation of freedom of self-expression; 23.9% experienced falsehoods about them; 8.7% experienced situations of intentional disruption and 17.3% experienced situations when they were loudly bawled out (Table 1).

Table 1. **The prevalence of psychological harassment at work**

How often have you recently experienced:	Never, %	Rarely, %	Sometimes, %	Often, %	Very often, %	In total, %	SD
The limitation of freedom of self-expression	28.3	19.6	23.9	23.9	4.3	100.0	1.259
Falsehood told to others	26.1	23.9	26.1	19.6	4.3	100.0	1.206
Situations of intentional disruption	34.8	34.8	21.7	6.5	2.2	100.0	1.020
Situations of loud bawling out	19.6	41.3	21.7	13.0	4.3	100.0	1.087

The results showed that destructive criticism was experienced often or very often by 17.4% of respondents, and it was experienced rarely by 23.9% of respondents.

Feelings of isolation and loneliness are often related, but it does not mean they are synonymous feelings. The feeling of isolation can often be positive while seeking to rethink actions or a situation. Assessing the prevalence of isolation among medical professionals, it was ascertained that this type of harassment occured only rarely or sometimes and more than half respondents (53.3%) noticed that they had not experienced isolation at work. It was also ascertained that 21.7% of respondents had not experienced criticism (see Table 1).

Continuation of Table 1

Situations, when you were too much criticised	21.7	37.0	23.9	10.9	6.5	100.0	1.148
Offensive comments about your personal life	43.5	30.4	17.4	4.3	4.3	100.0	1.095
Isolation	53.3	37.8	8.9	-	-	100.0	0.659
Publicity of sensitive parts of personal life	45.7	34.8	13.0	4.3	2.2	100.0	0.973

One of the studies (Skvarčevskaja, Razbadauskas, 2006) suggests that almost 97% tenders working with patients with addiction diseases might be exposed to psychological violence in their work environment.

The study established that 17.4% of respondents sometimes or often experienced direct threats, only a small part – 2.2% – of respondents noticed that they experienced unfounded accusations, 9% of respondents indicated humiliating gaze and behaviour (see Table 1).

Continuation of Table 1

How often have you recently experienced:	**Never, %**	**Rarely, %**	**Sometimes, %**	**Often, %**	**Very often, %**	**In total, %**	**SD**
Direct threats	47.8	34.8	15.2	2.2	-	100.0	0.807
Humiliating gaze and/or negative gestures	39.1	30.4	19.6	8.7	2.2	100.0	1.074
Unfounded accusations	43.5	41.3	13.0	2.2	-	100.0	1.094
Humiliating behaviour or gaze	40.9	31.8	18.2	4.5	4.5	100.0	1.100

While assessing the different forms of harassment at work, it was identified, that sometimes respondents were refused to be heard, rumours about respondents were spread (this was experienced often and very often by 17.4% of respondents). 15.2% of respondents indicated assignments of meaningless tasks and improper evaluation of accomplished tasks. The most uncommon form of harassment at work was indicated as assertions of mental disorder. There were no respondents, who indicated that they experienced this type of harassment rarely, often or very often.

Continuation of Table 1

How often have you recently experienced:	Never, %	Rarely, %	Some-times, %	Often, %	Very often, %	In total, %	SD
Refusal to talk	43.5	41.3	13.0	2.2	-	100.0	0.773
Refusal to be heard	34.8	32.6	15.2	15.2	2.2	100.0	1.141
Behaviour as if you were non-existent	45.7	30.4	23.9	-	-	100.0	0.814
Offensive words	32.6	34.8	23.9	6.5	2.2	100.0	1.016
Assignment of meaningless tasks	32.6	34.8	17.4	15.2	-	100.0	1.053
Assignment of offensive tasks	46.7	31.1	13.3	6.7	2.2	100.0	1.036
Malicious rumours	41.3	32.6	8.7	10.9	6.5	100.0	1.244
Incorrect, offensive evaluation of accomplished tasks	34.8	30.4	19.6	13.0	2.2	100.0	1.122
Doubts about your decisions	26.1	39.1	26.1	8.7	-	100.0	0.926
Assertion of mental disorders	57.8	42.2	-	-	-	100.0	0.499

According to the chosen psychological harassment scale, manifestations of psychological harassment among healthcare service workers, in the overall prevalence rate, i.e. after assessing that they were “rarely”, “sometimes”, “often” and “very often” experienced by respondents, vary from 42.2 to 80.3%. Assessing the results, it can be noted that the most uncommon type of psychological harassment in healthcare institution is assertion of mental disorder and the most frequently experienced type of harassment is loud bawling out, which was indicated by 8 out of 10 respondents (Table 2)

Table 2. **The overall experience of psychological harassment at work**

How often have you recently experienced:	Overall experience, %
Assertion of mental disorders	42.2
Situations of derision in front of others	43.4
Isolation	46.7
Direct threats	52.2
Assignment of offensive tasks	53.3
Behaviour as if you were non-existent	54.3
Publicity of sensitive parts of personal life	54.3
Offensive comments about your personal life	56.4

Refusal to talk	56.5
Unfounded accusations	56.5
Malicious rumours	58.7
Humiliating behaviour or gaze	59.0
Humiliating gaze and/or negative gestures	60.9
Incorrect, offensive evaluation of accomplished tasks	65.2
Refusal to be heard	65.2
Situations of intentional disruption	65.2
Under-estimated opinion	66.7
Offensive words	67.4
Assignment of meaningless tasks	67.4
The limitation of freedom of self-expression	71.7
Doubts about your decisions	73.9
Falsehood told to others	73.9
Situations when you were too much criticised	78.3
Situations of loud bawling out	80.3

The results of this research are consistent with the results of other authors, who analysed the prevalence of bullying at work. More than 70% of medical professionals providing emergency aid in Colombia experienced psychological violence – abuse. These trends were also confirmed by the results of this study – 80.3% of respondents were loudly bawled out, 67.4% of them experienced attempt to insult them, 52.2% of healthcare institution workers experienced direct threats (Maureen, Hester, 2013). Assessing the impact of bullying on workers, H. Bilgin and S. A. Buzlu (2006) observed that this type of harassment at work was wrongly assessed, as most of the respondents believed that this type of abuse was "relatively harmless" despite the potentially serious psychological impact on tenders (Bilgin, Buzlu, 2006).

DISCUSSION

Summarising the results of studies (Björkqvist et al., 1994; Shields, Wilkins, 2009; Pajarskienė, Jankauskas, 2012; Vėbraitė et al., 2013), it can be claimed that psychological harassment at work adversely affects the level of work efficiency, subjective and objective assessment of health. The most frequently indicated outcomes of psychological harassment are increased stress levels, changes of physical health and increased number of chronic non-infectious diseases, decrease of mental health indicators, etc.

In various organisations, including healthcare institutions, workers in different situation for one or another reason experience criticism. In this case, the ability to

admit and correctly understand the said criticism differs. By origin, criticism can be identified as constructive or destructive. Constructive criticism is evidenced as a motivating factor for the development, destructive one has harmful signs of destruction of an individual and it might be offensive, humiliating, inappropriate, untimely, improper, etc. (Jouma, Klima, 2008). The destructive criticism object was chosen in our conducted study as well.

At work environment isolation is multifaceted and might be related with age, sex, sexual orientation and marital status of workers. When isolation becomes unbearable, it might affect mental and physical health of workers and it might become a serious problem. Assessing possible causes of isolation in the work environment, the following causes might be distinguished: relocation; no support from colleagues and management, when something is needed; the feeling of timidity (shame) at work (Stobbs, 2000).

Harassment at work, as a type of violence, was experienced by all surveyed tenders, working in Trauma and Emergency Centre in South Africa. According to the authors, during the research, harassment at work was understood as bawling out, abuse and opprobrious language. As a 29 year old nurse said, "We experience more often abuse than physical violence. Mostly it might be manifested in vituperation. Patients behave impolitely, vituperate using various negative words" (Maureen, Hester, 2013).

Summing up the results of the study, it is necessary to draw attention to the fact that the results cannot be assessed as the assessment of a specific situation because the pilot study was conducted only for the purpose of ascertaining the functionality of scales and their reliability for future research. However, despite the main aim to evaluate the scales, some psychological harassment trends can be observed. Therefore, a further detailed assessment of psychological harassment at work among other healthcare institutions is purposeful.

CONCLUSIONS

At their work, surveyed healthcare institution specialists experience all types of psychological harassment. Types of psychological harassment were evaluated according to the Work Harassment Scale (WHS) which was composed by K. Björkqvist and K. Österman in 1994. The most prevalent type of psychological harassment at work is the limitation of freedom of self-expression, the most uncommon one is assertion of mental disorder. The WHS composed by K. Bjorqvist in 1994 has been adapted to Lithuanian language and is suitable for a detailed assessment of psychological harassment of healthcare institution workers.

REFERENCES

Akranavičiūtė, D., Ruževičius, J. (2007). Quality of Life and its components' measurement. *Engineering Economics. Work Humanism,* 2, 52.

Bilgin, H., Buzlu, S. (2006). A study of psychiatric nurses' beliefs and attitudes about safety and assaults in Turkey. *Issues in Mental Health Nursing*, 1 (27), 75–90.

Björkqvist, K., Österman, K., Hjelt-Back, M. (1994). Aggression among university employees. *Aggressive Behavior*, 20, 173–184.

Bubnys, R., Petrošiūtė, D. (2008). Socialinių pedagogų ir socialinių darbuotojų gyvenimo kokybės vertinimas: profesinis aspektas. *Socialiniai mokslai. Edukologija,* 103–107.

Canadian Center for Occupational Health and Safety. (2014). *Mental Health – Psychosocial Risk Factors in the Workplace.*

Gates, D. M., Ross, C. S., McQueen, L. (2006). Violence against emergency department workers. *Journal of Emergency Medicine*, 3 (31), 331–337.

Jouma, L., Klima, N. (2008). Stress at work Management. *Center for Clinical Intervention*. Canada, Ottawa.

Kalėdienė, R., Petrauskienė, J., Rimpelä, A. (1999). Šiuolaikinio visuomenės sveikatos mokymo teorija ir praktika. Kaunas: „Šviesa".

Maureen, K., Hester, J. (2013). Nurses' experiences and understanding of workplace violence in a trauma and emergency department in South Africa. *Health SA Gesondheid*, 8, 663–669.

Pajarskienė, B., Jankauskas, R. (2012). Psichologinio smurto ir socialinės darbo aplinkos veiksnių sąsajos Lietuvos ligoninėse dirbančių gydytojų ir bendrojo ugdymo mokyklų mokytojų darbo vietose. *Visuomenės sveikata*, 59, 47–58.

Raeda, F. A., Ali, H. A. (2013). Psychological violence in the workplace among Jordanian hospital nurses. *Transcultural Nursing,* 8, 36–42.

Shield, M., Wilkins, K. (2009). Factors related to on-the-job abuse of nurses by patients. *Statistics Canada, Catalogue Health Reports,* 2, 7–19.

Skvarčevskaja, M., Razbadauskas, A. (2006). Priklausomybės ligomis sergančiųjų emocinis smurtas prieš slaugytojus. *Sveikatos mokslai*, 1–2, 26–30.

Stobbs, C. (2000). Dealing with emotionally stressful situations in practice. *In Practice*, 22, 485–488.

Vėbraitė, I., Pajarskienė, B., Andruškienė, J., Jurgutis, A. (2013). Veiksmų, kuriais siekiama mažinti psichologinį smurtą Vilniaus ir Klaipėdos darbo vietose, dažnis. *Visuomenės sveikata* (priedas Nr. 1), 91–97.

ASMENS SVEIKATOS PRIEŽIŪROS ĮSTAIGOS DARBUOTOJŲ PATIRIAMAS PSICHOLOGINIS PRIEKABIAVIMAS DARBE (BANDOMASIS TYRIMAS)

Danguolė Drungilienė, Viljaras Reigas
Klaipėdos universitetas, Klaipėdos slaugos ligoninė

SANTRAUKA

Tyrimo pagrindimas. Šis tyrimas svarbus tuo, kad atliekamas užsienio tyrėjo sukurto instrumento pritaikymo ir naudojimo galimybių analizė Lietuvoje.

Tyrimo tikslas – įvertinti asmens sveikatos priežiūros įstaigos darbuotojų darbe patiriamą psichologinį priekabiavimą.

Metodai. Anketinės apklausos būdu apklausti asmens sveikatos priežiūros įstaigoje dirbantys gydytojai, slaugytojai ir slaugytojų padėjėjai. Priekabiavimui

darbe įvertinti buvo naudojama priekabiavimo darbe skalė (WHS), 1994 m. sudaryta tyrėjų K. Björkqvisto ir K. Östermano.

Rezultatai. Atliktas bandomasis tyrimas parodė, kad psichologinis priekabiavimas darbo aplinkoje pasireiškia įvairiomis formomis – tokiomis kaip galimybių išreikšti save ribojimas, situacijos, kai respondentai buvo vienokiu ar kitokiu būdu tikslingai žlugdomi, garsus apšaukimas ir kt. Šie veiksniai yra paplitę daugelyje organizacijų. Darant prielaidą, kad dėl veiklos specifiškumo asmens sveikatos priežiūros įstaigų darbuotojai dažniau nei kitų profesijų darbuotojai susiduria su psichologinio priekabiavimo apraiška, nustatytos šios dažniausiai pasireiškiančios psichologinio priekabiavimo formos: situacijos, kai darbuotojas buvo garsiai apšauktas (17,3%) ar kritikuojamas (17,4%), sakomas melas apie darbuotoją (23,9%). Rečiau pasitaikančios psichologinio priekabiavimo formos – kaltinimai, kad turi protinių sutrikimų, arba izoliacija.

Išvados. Medicinos personalo darbo aplinkoje psichologinis priekabiavimas gali pasireikšti įvairiomis formomis. Tyrimui atlikti naudota psichologinio priekabiavimo darbe vertinimo skalė yra tinkama asmens sveikatos priežiūros įstaigos darbuotojų psichologinio priekabiavimo tolimesniems tyrimams.

Raktažodžiai: psichologinis priekabiavimas, psichologinis smurtas.