

# Assessment of Loneliness and Bullying Among Medical and Nursing Personnel

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## ABSTRACT

**Topic:** A comparative study to assess loneliness and bullying among Medical and Nursing personnel in a selected hospital of Delhi.

**Objectives:** The objectives of the study were to assess loneliness among Medical personnel, to assess loneliness among Nursing personnel, to assess bullying among Medical personnel, to assess bullying among Nursing personnel, to compare loneliness among Medical personnel with loneliness among Nursing personnel, to compare bullying among Medical personnel with bullying among Nursing Personnel, to find out the relationship between loneliness and bullying among all Medical and Nursing personnel.

**Methodology:** A quantitative research approach with descriptive comparative survey was used. Convenience non probability sampling technique was adopted to select 60 personnel (30 Medical and 30 Nursing personnel) who were working in D hospital of Delhi. Data was collected using a standardised rating scale and a structured questionnaire. The tool was validated and the reliability of the tool was established as 0.82 using Cronbach's alpha.

**Results:** Result revealed that Medical and Nursing personnel experienced loneliness and bullying not in equal measure. Almost 100 percent of Medical and 3/4th of nursing personnel had experienced moderate loneliness. 100 percent of nursing personnel had experienced mild bullying and a little over 50 percent of Medical personnel had faced moderate bullying. Further, there was significant and direct relationship found between loneliness and bullying.

**Conclusion:** Bullying and loneliness have serious and far reaching impact on the psyche and personality of a person who undergoes it and if these problems are not dealt with, on time, they may lead to many physical, psychological, social problems. However, in India such studies are limited and need further exploration. For loneliness psychosocial intervention and for bullying management policies are suggested.

**Key words:** Loneliness, Bullying, Medical personnel, Nursing personnel.

## INTRODUCTION

Over recent decades there has been growing recognition that workplace bullying and loneliness is a pervasive and harmful feature of modern workplaces, with a number of large-scale studies across a range of industry sectors identifying the damaging effects of bullying and loneliness for individuals and organizations.

Bullying refers to interpersonal behavior intended to harm another employee in the workplace, or systematic persecution by a colleague, subordinate, or superior that may cause severe social, psychological, or psychosomatic problems for the victim. [1] The goal of the bully is to gain power over and dominate other individuals. There are three forms of

bullying: work-related bullying (excessive monitoring of your work), person-related bullying (having allegations made against you), and physically intimidating bullying (being shouted at or being the target of spontaneous anger). Bullying destroys victims' self confidence and self-image, often driving victims to resign from their positions. [2] Overall, bullying appears to be associated with negative outcomes such as anxiety, depression, burnout, frustration, negative emotions at work, turnover intention and loneliness.

The workplace loneliness tends to focus almost exclusively on personal characteristics as the primary determinant of the experience, and largely ignores the workplace as a potential trigger of loneliness. Loneliness refers to subjective feelings of social isolation or lack of connectedness. [3] It has been related to various clinically relevant problems and disorders. [4] Although personality, shyness and social competence do play a significant role in the development of loneliness, [5] organizational factors such as social and emotional climate of organizations, support from supervisors and co-workers can be effective on feeling lonely as well. [6] In order to understand the antecedent of loneliness not only individual factors but also the social environment either causing or perpetuating loneliness should also be investigated. [7]

### Objectives of the study

1. To assess loneliness among Medical personnel.
2. To assess loneliness among Nursing personnel.
3. To assess bullying among Medical personnel.
4. To assess bullying among Nursing personnel.
5. To compare loneliness among Medical personnel with loneliness among Nursing personnel
6. To compare bullying among Medical personnel with bullying among Nursing Personnel.

7. To find out the relationship between loneliness and bullying among all Medical and Nursing personnel.

### MATERIALS AND METHODS

**Research Approach:** Quantitative approach

**Research Design:** Descriptive comparative survey design

**Research variable:** loneliness and bullying.

**Setting of the study:** The setting for the pilot study was S hospital, Delhi and for the final study was D hospital, Delhi.

**Population:** Population comprised of Medical and Nursing professionals working in D hospital, Delhi.

**Sample:** The sample size comprised of 60 personnel (30 Medical and 30 Nursing personnel) who were working D hospital of Delhi.

**Sampling technique :** Convenience non probability sampling technique was adopted to select medical and nursing personnel from selected D hospital, Delhi.

**Procedure:**

- Ethical permission was taken from the Institutional Ethical Committee of Jamia Hamdard, New Delhi to conduct the research study.
- Permission was obtained, to conduct the research study, from the Medical superintendent of S hospital, Delhi and D hospital, Delhi.
- The technique of data collection was a structured questionnaire to collect demographic data, a standardized rating scale to assess the bullying and a structured questionnaire to assess loneliness. Paper and pencil method was used to administer the tool.
- The possible range of scores to be obtained by Medical and Nursing personnel was from 24-120. The following categories were created for the interpretation of the loneliness scores obtained by Medical and Nursing personnel. Hence, their scores were interpreted as:  
Scoring from (24-60): Mild loneliness  
(61-92): Moderate loneliness

- (93-120): Severe loneliness
- The possible range of scores to be obtained by Medical and Nursing personnel was from 22-110. The following categories were created for the interpretation of the bullying faced by Medical and Nursing personnel. Hence, their scores were interpreted as:  
Scoring from:  
(less than or equal to 27): No bullying  
(28-55): Mild bullying  
(56-82): Moderate bullying  
(More than 82): Severe bullying
- To ensure the validity of structured questionnaire to assess loneliness, seven experts were selected from the fields of Psychiatry and Mental Health Nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area.
- Reliability of the structured questionnaire was worked out by using Cronbach's alpha and was found to be 0.82.
- Formal administrative approval was obtained from the concerned authority to conduct the final study.
- The medical and nursing personnel who met the inclusion criteria were selected using Convenience non probability sampling technique.

- The purpose of the study was explained to the participants. After obtaining their willingness to participate in the study the data were collected from the sample subjects.

**Statistical Analysis**

- The data was analysed using descriptive and inferential statistics.
- Frequency and percentage to describe the demographic characteristics of the Medical and Nursing personnel.
- Frequency and percentage of the Medical and Nursing personnel by severity of loneliness felt by them.
- Unpaired t-test to compare the loneliness scores of medical and nursing personnel.
- Frequency and percentage of the Medical and Nursing personnel by severity of bullying felt by them.
- Unpaired t-test to compare the bullying scores of medical and nursing personnel.
- Coefficient of correlation to determine the relationship between loneliness and bullying among all medical and nursing personnel.

**RESULTS**

**Table 1: Frequency and percentage distribution of the study subjects by their Age, Gender, Educational status, Designation, Monthly income.** n<sub>1</sub>+n<sub>2</sub>=60

S.No	Sample characteristics	Medical personnel Frequency [n <sub>1</sub> ] (%)	Nursing personnel Frequency [n <sub>2</sub> ] (%)
1.	Age(in years) • 21 • 22 • 23 • 24 • 25 • 26	- 1(3.33) 9(30) 9(30) 8(26.67) 3(10)	9(30) 4(13.34) 7(23.34) 5(16.66) 4(13.33) 1(3.33)
2.	Gender • Male • Female	16(53.34) 14(46.66)	11(36.66) 19(63.34)
3.	Educational status • MBBS • B.Sc nursing • GNM	30(100) - -	- 12(40) 18(60)
4.	Designation • Junior resident • Staff nurse	30(100) -	- 30(100)
5.	Monthly income • Rs 10,000-20,000 • Rs 50,000-60,000	- 30(100)	30(100) -

**Table 2: Frequency and percentage distribution of the Medical and Nursing personnel by the severity of loneliness faced by them.**

Loneliness categories	Frequency		Percentage (%)	
	Medical	Nursing	Medical	Nursing
Mild Loneliness	1	8	3.33	26.67
Moderate loneliness	29	22	96.67	73.33
Severe Loneliness	0	0	0	0

**Table 3: Possible range of scores, Range of obtained scores, Mean, Median, Standard deviation, and t-value for significance of Mean difference of the loneliness scores of Medical and Nursing personnel.**

Group	Possible range of scores	Range of obtained score	Mean score	Median	Standard deviation	Mean difference	Standard error	t-value
Nursing	24-120	50-75	64.53	64.50	5.47			

t'(58)=3.55, \*\*significant at 0.001 level of significance

The data in table 3: demonstrates by applying unpaired t-test to find the significance of difference between the two means, t-value was calculated as 4.938 at 58 degree of freedom. Tabulated t-value (3.55) was less than the calculated t-value (4.938) at df (58) and 0.001 level of significance. This indicates that there is a significant difference between the loneliness faced by Medical and Nursing personnel.

**Table 4: Frequency and percentage distribution of the Medical and Nursing personnel by the severity of bullying faced by them.**

Bullying Categories	Frequency		Percentage (%)	
	Medical	Nursing	Medical	Nursing
No Bullying	0	0	0	0
Mild Bullying	13	30	43.34	100
Moderate Bullying	17	0	56.66	0
Severe Bullying	0	0	0	0

**TABLE 5: Possible range of scores, Range of obtained scores, Mean, Median, Standard deviation, and t-value for significance of Mean difference of the bullying scores of Medical and Nursing personnel.**

Group	Possible range of scores	Range of obtained score	Mean score	Median	Standard deviation	Mean difference	Standard error	t-value
Nursing	22-110	33-53	44.80	46.00	5.64			

t'(58)=3.55, \*\*significant at 0.001 level of significance

The data in table 5: demonstrates by applying unpaired t-test to find the significance of difference between the two means, t-value was calculated as 7.06 at 58 degree of freedom. Tabulated t-value (3.55) was less than the calculated t-value (7.06) at df (58) and 0.001 level of significance. This indicates that there is a significant difference between the bullying faced by Medical and Nursing personnel.

correlation between loneliness and bullying scores, as obtained 'r' value was more than the table value of 0.354 with df (58) at 0.01 level of significance. The findings suggested that there is significant and direct relationship between loneliness and bullying.

**Table 6: Coefficient of correlation 'r' between loneliness and bullying scores of all Medical and Nursing personnel**

Scores	Mean	Median	SD	'r'
Loneliness	68.48	68.00	7.322	0.451*
Bullying	51.87	50.50	10.481	

r'(58)=0.354, \*significant at 0.01 level of significance

Table 6 shows that the coefficient of correlation between the loneliness and bullying scores of all Medical and Nursing personnel was 0.45. It suggested significant

## DISCUSSION

The present study aimed at assessing the loneliness and bullying among Medical and Nursing personnel working in selected hospital of Delhi. The findings of the study were discussed in terms of objectives and literature. In the present study, major findings have been discussed with reference to the results obtained by other investigators in nursing and general set-up who did similar studies.

Loneliness may be a cause for being bullied, and could make an individual

vulnerable to bullying. Loneliness is a tantamount to feeling unsafe, and lonely people see the world as more threatening place. Lonely people expect more negative social interactions and more negative social information than non lonely people. [8] Thus, lonely people can become perpetrators at times. The present study concluded that a positive significant and direct correlation exists between loneliness and bullying among all Medical and Nursing personnel. A study by Kulla [9] also showed positive correlation between social isolation and manifestations of bullying such as verbal aggression, and rumors.

Bullying survey done by the Workplace Bullying Institute in February 2014 showed that, 40% of bullies in most workplaces were bosses or perpetrators who held a higher rank than the victim. A shocking 25% of workplace bullying victims said their employers denied the accusation and investigations on the bullying incidents failed. In the present study 43.34% Medical personnel and 100% Nursing personnel had mild bullying while more than half of the Medical personnel experienced moderate bullying. Although, the subjects were all first level doctors and nurses and not bosses or subordinates at mid level or top level. A similar cross-sectional survey was conducted in Pakistan to determine the prevalence of workplace bullying among junior doctors and to identify the type and sources of bullying behaviors and the perceived barriers to making complaints against bullying. The study concluded 66.7% junior doctors had witnessed bullying of others and the most frequent perpetrators were consultants. [10]

The present study highlighted the bullying in workplace. The findings of the study revealed that majority of the nurses experienced mild bullying. These findings are not in agreement with another study which was conducted on the nursing staff of Greek hospitals. The results of the study revealed that the nursing staff was highly exposed to potential bullying. [11]

The present study revealed that there was a positive relationship between loneliness and bullying and this finding is in agreement with the study of Marc Dussault and Éric Frenette [12] in which they found that Isolation at work is positively related to Work-related bullying. Likewise, another study showed by Kulla [13] found positive correlations between social isolation and manifestations of bullying such as verbal aggression, and rumors. Another comparative study was conducted in U.K which addressed the question of whether or not offenders who bully others and/or are victimized themselves can be distinguished by their attachment styles (secure, avoidant, and anxious/ambivalent styles) and a measure of emotional loneliness. Results showed that, bully victims reported higher scores on emotional loneliness than the other bully categories, with the not-involved group reporting significantly lower scores. [14]

### Limitations

- The sample size was restricted to few Medical and Nursing personnel working in the selected hospital of Delhi which limits the generalization of the findings of the study.
- The findings of the study were purely based on the written responses of study subjects and were subjects to response set bias from the respondents. Observations of the bullying behavior of personnel were not done.

### Recommendations

- A similar study can be replicated on a wider sample to help validate and generalize the findings to the population unlike the present study which was conducted with a small size, thus limiting generalization.
- A comparative study should be conducted between private and government hospital to identify prevalence of loneliness and bullying among Medical and Nursing personnel.

- A comparative study can be conducted to assess loneliness and bullying among teaching and non-teaching faculty.
- A comparative study can be conducted to assess loneliness and bullying among Nursing personnel and Paramedical staff.
- A study can be conducted to identify patterns of bullying among Nursing personnel.
- A study to assess factors influencing bullying and loneliness can also be conducted.
- The education of nurses should include knowledge of the associated characteristics of bullying which can be both subtle and overt. Nurses should be equipped with the necessary tools for early recognition of these negative acts and the ability to address them before they escalate.
- Curriculum in mental health nursing should include not only theory sessions of counseling but also the practical sessions of counseling and other psychological therapies. Practical training in counseling will equip nurses to address some of the issues of bullying.

## **CONCLUSIONS**

- ✓ Almost 100 % of Medical and 3/4<sup>th</sup> of Nursing personnel had experienced moderate loneliness and study findings revealed that there is a significant difference between the loneliness faced by Medical and Nursing personnel.
- ✓ 100 % of Nursing personnel had experienced mild bullying and a little over 50% of Medical personnel had faced moderate bullying and study findings showed that there is a significant difference between the bullying faced by Medical and Nursing personnel.
- ✓ The study revealed a positive significant and direct correlation between loneliness and bullying scores among all Medical and Nursing personnel.
- Nursing administrators need to be more proactive in preventing bullying practices in their departments and offer support to victims in non-threatening ways so as to encourage the reporting of bullying behaviors. Support at work has been found to be protective against the damaging effects of bullying. Therefore, clear policies regarding dispute resolution may be one way forward.
- Nursing administrators can organize awareness programmes in the hospital settings. Education providers and employers must provide education and training to all doctors and nurses in training to assist in the recognition and resolution of issues related to bullying and harassment. Training in appropriate behavior, resilience, performing under pressure and how to speak up when bullying and harassment occurs must be embedded in all education and training programs, with the link between appropriate behavior, safe working environment. It should also be incorporated into an organization's induction program, particularly for doctors and nurses in training and other new employees.
- Mass media can also be roped in by the administrators to increase awareness about loneliness and bullying at workplace. Creating a conducive work environment is important for

## **Implications of the study**

- The aforementioned findings and discussion of the study recognizes many implications in the following fields. Bullying and loneliness have serious and far reaching impact on the psyche and personality of a person who undergoes it and if these problems are not dealt with, on time, they may lead to many physical, psychological, social problems.
- Workplace bullying and loneliness should be addressed through educational programs geared toward curbing and ultimately eradicating bullying and loneliness.

maintaining mental health of employees, which in turn would result in more efficiency and productivity.

- Quality nursing care is an eminent need in the contemporary world and this can be rendered only if nursing personnel are healthy competent enough. It requires periodic evaluation of loneliness and bullying. Thus, this study calls in for more research in this area for the development of healthy working environment in health care setting.
- HR management plays an important role in addressing bullying. A managerial role encompasses acknowledging, understanding and handling victims' complaints. Difficulties faced with respect to the effective accomplishment of this role are primarily associated with HR management neglecting to provide a clear definition of bullying; HR management should specify the specific behaviors and criteria that would be regarded as bullying in a particular organizational environment. They should also make a systematic mechanism to address incidents of bullying reported by the employees.
- The study information should be used to direct bullying management policies, which should be regularly, reviewed using appropriate tools. Bullying is unacceptable in any context, least of all among health care professionals. It is the responsibility of all ministries of health to put procedures in place as far as possible to eradicate bullying from workplace.

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