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Workplace Harassment And Its Relationship With Quality Of Work Life Of Nurses In Thrissur District, Kerala

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ABSTRACT

Workplace harassment is a serious issue which is facing every individual in their work life. Workplace harassment is a pattern of unwanted behaviour that is intended to intimidate, insult, degrade, or humiliate an individual or group of individuals. Here in this study, the researcher tries to find out the workplace harassment issues prevailing in the hospitals among nursing staff and also find out its relationship with the other variables of quality of work. Stratified random sampling method has been used for selecting respondents from the allopathic hospitals in Thrissur district, Kerala. From the analysis, the researcher could find out the severity of workplace harassment issues in private hospitals than the government hospitals and also found out a strong relationship with the other variables of Quality of work life. The issues of workplace harassment can be reduced to a certain extent by introducing healthy practises such as openness in enforcing regulations, delegating decision making authority, treating employees fairly, by providing adequate training, counselling, and other forms of support and also by establishing a complaints grievance redressal system in the hospitals.

INTRODUCTION

Workplace harassment is a pattern of unwanted behaviour that is intended to intimidate, insult, degrade, or humiliate an individual or group of individuals. It is a display of power. Aggression is strongly tied to assertiveness. Thus, asserting authority in this context involves using hostility to dominate a person or a group of individuals. Harassment and bullying are workplace issues, yet it can be difficult to determine whether or not harassment and bullying are occurring. Harassment and bullying have engulfed corporate employees to the point where the majority of them are depressed. Employees in corporate suffer from depression as a result of heavy work, expectations, poor work environment, and target related salary. Workplace harassment is also known by a variety of different terms.

Mobbing, workplace bullying, workplace maltreatment, workplace aggressiveness, and workplace abuse are all synonyms for workplace harassment. Workplace harassment encompasses several forms of discrimination and violation that are not limited to a single group. Workplace harassment may be broadly classified into two types: emotional and physical assault. Women, racial minorities, homosexuals, individuals with disabilities, and immigrants are all targets of workplace harassment.

In summary, workplace harassment may make some people's jobs very uncomfortable, while many individuals may appreciate their jobs as they are but despise going to work because of workplace harassment. Workplace harassment is a regular and unwelcome component of any profession and it also has a significant correlation with making individuals miserable at work.

STATEMENT OF THE PROBLEM

Workplace harassment is defined as insulting or threatening behavior directed towards a single employee or a group of employees (Brooks, Rosa Ehrenreisch,1999). Workplace harassment has recently piqued the interest of practitioners and scholars as one of the most sensitive areas of successful workplace management, because aggressive actions at work constitute a substantial source of work stress (Concha et. Al.,2004). Workplace harassment and bullying impact everyone differently and in various ways. Harassment and bullying at work have severe consequences for the victim. It causes increased worry, fear, sadness, illness, stress and absence. This reduces workplace productivity and results in poor job performance. All of this is the result of isolation, a breakdown in work connections, and a poor morale. This leads to a poor work atmosphere in the job. In this study, the researcher attempts to determine the level of workplace harassment experienced by nursing staff in government and private allopathic hospitals in Thrissur District, as well as to investigate the relationship of workplace harassment on other variables of quality of work life and its comparison between government and private sector hospitals.

METHODOLOGY

In the study, multi stage random sampling method is chosen for selecting samples. The study is limited to Thrissur district. In the first stage, all private and government hospitals in Thrissur district with more than 500 beds were chosen for the research. In the second step, hospitals older than 10 years were chosen. In the last step, only female nurses were picked from both commercial and public sector hospitals. The sample size 550 is determined by using sampling formula.

RESULTS AND DISCUSSIONS

Table 1 Issue of Workplace Harassment

Workplace Harassment	Hospital					
	Private			Government		
	Mean	Rank	SD	Mean	Rank	SD
Feeling overloaded with insufficient rest pauses	4.42	2	1.36	2.26	4	1.19
Sexual harassment from superiors	2.82	5	1.31	2.01	5	1.16

Humiliation at the hands of superiors even for minor lapses in the work	4.52	1	1.48	2.32	2	1.25
Promotional prospect getting affected because of prejudicial attitude of superiors	3.88	4	1.35	2.72	1	1.29
Denial of leave of absence even to attend important personal work	4.32	3	1.36	2.31	3	1.24

Source: Computed from primary data

Table 5.2.2 investigates workplace harassment of nurses in private and government hospitals. Nurses in private sector hospitals experience overload of work with insufficient rest pauses (mean score of 4.42), humiliation at the hands of superiors even for minor lapses (mean score of 4.52), prejudicial attitude of superiors (mean sore of 3.88) and denial of leave of absence even to attend important work (mean score of 4.32). In private hospitals, Workplace harassment is exacerbated more by humiliation for small errors, which ranks first in terms of mean score of 4.52, overload of work, which ranks second in terms of mean score of 4.42, and denial of leave of absence, which ranks third in terms of mean score of 4.32.

In Government hospitals, the scenario of workplace harassment takes on a new hue. Workplace harassment issues such as work overload (mean score of 2.72), sexual harassment from superiors (mean score of 2.01), humiliation at the hands of superiors even for minor lapses (mean score of 2.32), prejudicial attitude of superiors (mean score of 2.72), and denial of leave of absence (mean score of 2.31) have no impact on nurses in Government hospitals.

Null Hypothesis H$_0$: There is no significant relationship between the variables of quality of work-life of nurses in private hospitals.

Table 2 Correlation Coefficient of Quality of Work Life of Nurses in Private Hospitals

Quality of work life	Work place harassment	Total life balance	Job stress	Communication	Job satisfaction	Organizational culture
Workplace harassment	1.000	0.584**	0.638**	0.330**	0.412**	-0.464**
Total life balance		1.000	0.539**	0.580**	-0.424**	-0.480**
Work stress			1.000	0.614**	-0.506**	-0.545**

Communication				1.000	-0.317**	-0.472**
Job satisfaction					1.000	0.472**
Organizational culture						1.000

Source: Computed from primary data

Note: 1. ** Correlation is significant at the 0.01 level (2-tailed).

2.   * Correlation is significant at the 0.05 level (2-tailed).

In the table 2, the interconnection between elements of a Quality of work life has been investigated. Workplace harassment is substantially connected with other dimensions such as total life balance, work stress, communication, job satisfaction and organizational culture. Workplace harassment has 58.4 percent correlation with work life balance, 63.8 percent positive association with job stress and 33 percent positive correlation with communication. However, it is adversely connected with communication and organizational culture with 41.2 and 46.4 percent respectively. The negative association means that when workplace harassment grows, job satisfaction drops to 41.2 percent and organizational culture suffer by 46.4 percent. In terms of total life balance, it is 53.9 percent positive correlation with job stress and a 58 percent positive correlation with communication at 1% level of significance. Work life balance, on the other hand, is 42.4 percent negatively connected with job satisfaction and 48 percent negatively correlated with organization culture. It shows that a

42.4 percent job satisfaction is caused by a work-life balance, and a 48 percent with the organization's culture. Work stress has a 61.4 percent positive correlation with communication and 50.6 percent negative correlation with job satisfaction and 54.5 percent with organisational culture. The negative association means that when job stress grows, job satisfaction decreases by 50.6 percent, and job stress affects organisational culture by 54.5 percent. Communication is adversely associated to job satisfaction and organisational culture. It indicates that increasing communication barriers diminishes job satisfaction by 31.7

percent and deteriorates organisational culture by 46.3 percent. Finally, job satisfaction is 47.2 percent positively connected with organisational culture.

Null Hypothesis H$_0$: There is no significant relationship between the variables of quality of work-life of nurses in government hospitals.

Table 3 Correlation Coefficient of Quality of Work Life of Nurses in Government Hospitals

Quality of work life	Work place harassment	Total life balance	Job stress	Communication	Job satisfaction	Organizational culture

Workplace harassment	1.000	0.274**	0.150**	0.452**	-0.573**	-0.316**
Total life balance		1.000	0.683**	0.725**	-0.389**	-0.540**
Job stress			1.000**	0.368**	-0.375**	0.467**
Communication				1.000**	-0.480**	-0.452**
Job satisfaction					1.000**	0.625**
Organizational culture						1.000**

Source: Computed from primary data

Note: 1. ** Correlation is significant at the 0.01 level (2-tailed).

   2. * Correlation is significant at the 0.05 level (2-tailed).

Table 3 shows the interdimensional correlation for the quality of work of nurses in the Government hospitals. Work place harassment is favorably connected with total life balance, job stress, communication but adversely correlated with job satisfaction and climate. It means that when 45.2 percent of employees withhold communication, job satisfaction drops by 57.3
percent, and organizational culture suffer by 31.6 percent. It is also evident in the table 2, that when work life imbalances occur it directly impacts workplace harassment to the extent of 27.4 percent, amplifies work stress to the extent of 68.3%, and adds to the communication barrier to the extent of 72.5%. The negative association indicates that when work life imbalance rises, job satisfaction drops by 38.9% and organizational culture drop by 54 percent. In terms of job stress, communication obstacles increase job stress by 36.8 percent. An increase in job stress leads to 37.5 percent job unhappiness and a 46.7 percent reduction in organizational culture. Communication has a negative relationship with job satisfaction by 48 % and vitiates organizational culture by 45.2%. job satisfaction is 45.2 percent positively connected with organizational culture. It means that increasing job satisfaction improves organizational climate by 62.5 percent.

Null Hypothesis H$_0$: There is no significant difference in level of workplace harassment among nurses in private and government hospitals.

Table 4 Student t Test for Significant Difference between Nurses in Private and Government Hospitals with respect to Variables of Quality of Work Life

Dimension of Quality of work life	Hospital				t value	P value
	Government		Private			
	Mean	SD	Mean	SD		
Workplace harassment	13.48	4.74	15.75	5.10	-5.414	0.000**

Source: Computed from primary data

Note: 1. ** denotes significant at 1% level

The level of workplace harassment has been tested for its significance for the nurses in private and public sector hospitals. The null hypothesis formulated in this connection has been rejected at one per cent level of significance indicating that the level of harassment varies in two different types of hospitals. Perhaps, workload factor, the response of superiors to mistakes committed by nurses, prejudicial attitude of superiors and leave sanctioning practice might have caused differences in the level of harassment suffered by nurses across the hospitals.

FINDINGS

While workplace harassment is severe in the private sector, with an average mean score of 4.00, there is no workplace harassment in government hospitals, with an average mean score of 2.33. Work load, superiors' responses to mistake made by nurses, superiors biased attitude, and leave sanctioning process may have contributed to disparities in the amount of harassment experienced by nurses across hospitals. In private hospitals, workplace harassment has 58.4 percent correlation with work life balance, 63.8 percent positive association with job stress and 33 percent positive correlation with communication and organizational culture with 41.2 and 46.4 percent respectively. In the case of government hospitals in Thrissur district, workplace harassment is favourably connected with total life balance, job stress, communication but adversely correlated with job satisfaction and organisational culture.

CONCLUSION

From the above discussions, it is reasonable to conclude that both government and private hospitals in Thrissur district, should address the workplace harassment issues and support the nurses to manage their work life more satisfied which would add to the performance of these staff members. From the results also evident that both government and private hospitals nurses working life is

challengeable one. So, the hospital management should conduct periodical review in terms of their quality of work life otherwise, they would be subjected to severe stress.

SUGGESTIONS

The behaviour of superiors at private hospitals has been described as autocratic. As a result, it is proposed that private sector hospital management organise an appropriate attitudinal training programme for superiors. The decision-making process at private sector hospitals may be made more participatory. Problems such as a lack of freedom for nurses to express their issues can be addressed by establishing participatory venues such as committees and quality circles. The organisational culture must be changed by introducing healthy practises such as openness in enforcing regulations, delegating decision making authority, and treating employees fairly. Majority of nursing staff are impacted by work stress, which must be addressed via training, counselling, and other forms of support. To address the rising concerns of nurses in government hospitals, a complaints grievance redressal system might be established, and its operation should be professionalised.

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