CHAPTER 1

Introduction

Background and Significance of the Research Problem

Nurses, as the largest workforce of health care organizations, play a major role in the success of an organization. Nurses provide primary contact with patients, act as patient's advocates, and are responsible for physical care, as well as offer emotional support to patients. In the hospital, job performance of nurses is recognized as a holistic nursing service in the process of providing quality health care. In the fierce competition of today's health care environment, the provision of patient center care displays an important component of high-quality health care system (Hill & Doddato, 2002). Job performance could directly determine patients' expectation and overall satisfaction. In China, high quality nursing care has evolved into the predominant requirement within the stringent health care market competition (Ma, 2012). Nursing job performance reflects providing nursing practice efficiently and the consequences are demonstrated as an increase in quality of patient outcomes. Poor nursing job performance should be considered as a risk factor of patient safety (Al-Makhaita, Sabra, & Hafez, 2014).

Job performance displays as an abstract and latent construct which cannot be pointed out or measured directly. It consists of multiple dimensions which include some indicators that can be measured directly (Viswesvaran, 2002). These dimensions may generalize across jobs, whereas, the exact indicators can differ among jobs. Based on multifactor job performance model (Borman & Motowidlo, 1993), Greenslade and Jimmieson (2007) defined nursing job performance as the behaviors performed by nurses that directly contribute to the organizational technical core, which are typically recognized as a part of worker's job and activities which maintain the broader social environment, ensures the technical core is utilized and assists in the development and progress of the hospital. Meanwhile, Greenslade and Jimmieson (2007) built the Nursing Job Performance Model and distinguished nursing job performance into two domains

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which include task performance and contextual performance. Task performance consists of three dimensions: technical care, social support and information provision. All of these relevant behaviors directly contribute to the organizational technical core, which are typically recognized as a part of nurses' job or role in the facility. Contextual performance consists of interpersonal support, job-task support and organizational support and pertinent behaviors refer to the dimensions displayed more discretionarily to assist the development of the hospital and maintaining that the technical core utility continues working.

Normally, nursing job performance is appraised base on specific nursing tasks and relative components such as nursing care planning, critical care, evaluation of care, communication and nursing professional development (Greenslade & Jimmieson, 2007). Thus, nursing job performance should be assessed not only as task performance in nursing practice, but should also closely relevant to organizational goals and values and through performing some extra-role behaviors (Lee & Ko, 2010). The inconsistent results of nursing job performance have been reported in previous studies. For instance, some studies reported a moderate or low levels of job performance among nurses (Fathimath, Chontawan, & Chitpakdee, 2012; Lieu, 2013) while, some studies revealed a high level of nursing job performance (Bacaksiz, Tuna, & Seren, 2017; Zakaria, Suwandi, & Hargono, 2017).

At the end of 2015, the nurse to population ratio in China was 2.36:1000 (Ministry of Health of China, 2016). This is considered as a low level compared to Western countries such as the USA and Canada, in which the nurse to population ratio was much higher at 9: 1000. Obviously, there is a nurse shortage in Chinese hospitals, nurses have a high workload in daily work. For instance, almost 40% of nurses' working time is consumed away by daily nursing practice, such as a patient's bedside task (Li & Liu, 2009). Meanwhile, Wang and Yang (2016) stated that clear nursing practice procedures and strict supervision in Chinese hospitals could encourage nurses to execute technical care more efficiently. Since 2010, high quality of nursing care as a beneficial health care program has been implemented by Chinese hospitals which requires nurses to provide comprehensive and humanistic care to patients (Deiaco, 2013). Liu and Wu (2016) showed that Chinese nurses accepted more standardized trainings in recent years, as well

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as nurses' professional competences and senses of social responsibility have increased. The majority of nurses could provide high quality of nursing care to patients, and some high-technology nursing skills were implemented in hospitals could assistant nurses to execute nursing care efficiently.

Nursing job performance displays as an important role in the quality of patient care and may directly influence the patient's satisfaction. Some researchers reported a moderate level of nursing job performance in China (Gao & Gao, 2015; He & Sun, 2012; Hou, Guo, Sun, & Xie, 2013; Yang, Ruan, & Cheng, 2014; Zheng, Yang, & Chen, 2014). Some studies showed that most nurses performed well on task performance within daily work, while contextual performance was still at a moderate or lower level (He & Sun, 2012; Yang et.al, 2014; Song, Li, & Chen, 2016). Similar results were reported among nurses in Yunnan province which indicated a moderate level $(\overline{X} = 2.82, SD = 0.42)$ of overall job performance (Pu, 2010). Both task performance $(\overline{X} = 43.98, SD = 1.52)$ and contextual performance $(\overline{X} = 49.43, SD = 1.78)$ were reported at a moderate level in Kunming (Lin, 2012).

However, the majority of studies which related to nursing job performance in Yunnan province were conducted in general public hospitals in Kunming, which is the capital of Yunnan province. Compared to Kunming, western part of Yunnan province has lower levels of economic and educational status, therefore, limited finance might be the barrier of development of nursing profession. While, the hospital just provided a small part of financial budget for nursing. Furthermore, nurses who worked in tertiary hospitals were facing the higher workload, they were exhausted by providing the basic nursing care to patients in daily work (Lin, 2012; Yunnan News, 2016). Actually, few published studies were described among tertiary hospitals in Yunnan province, thus, nursing job performance is still unexplored in tertiary hospital.

Nursing job performance with respect to specific professional tasks would reflect the efficiency, competency and effectiveness of the nursing process, as well as the behaviors which were performed by an individual nurse in the nursing practice for patients and might indicate the quality of care that was provided (Huber, 2000). Nevertheless, studies related to nursing job performance have been conducted in China, and indicated that nursing job performance was influenced by several measurable factors,

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such as heavy workload, leadership style, burnout, (Pu, 2010; Hou et.al 2013; Wang & Yang, 2016), fatigue, job stress (Wang, 2011; Lin, 2012) and workplace bullying (Hou et.al, 2013; Nie, Wu, & Wei, 2013). However, numerous studies regarding the relationships of nursing job performance with a heavy workload, leadership style and job stress respectively, have been found (Pu, 2010; Hou et.al, 2013; Wang & Yang, 2016; Wang, 2011; Lin, 2012). The issue of workplace bullying is still unclear in many health care settings in China (Nie et.al, 2013; Xun, Gai, & Liu, 2013). Some studies displayed that workplace bullying is a dynamic and complex phenomenon (Aquino & Lamertz, 2004; Saunders, Huynh, & Goodman-Delahunty, 2007). Nursing workplace bullying was recognized as the inheritance from senior nurses to junior nurses (Thomas, 2010). Workplace bullying is ignored by administrators and can even be rationalized, thus created a bullying climate (Lewis, 2006; Zheng & Zhang, 2015). Workplace bullying represents a key workplace problem with negative consequence of employees, workplace and the work experience itself (Altman, 2011).

Bullying has been linked to an increased intent of a nurse to leave healthcare facilities and nurse turnover. This leads to nurses facing a higher workload as turnover is increased (Johnson & Rea, 2009; Laschinger, Grau, Finegan, & Wilk, 2010; Giorgi et.al, 2016). Furthermore, bullying became an extreme stressor in the nursing profession, as well as a strong relationship has been found between workplace bullying and depression, absenteeism, suicidal ideation and other somatic complaints, respectively (Leymann, 1996; Simons, 2007; Vessey, Demarco, Gaffney, & Budin, 2009; Vessey, Demarco, & DiFazio, 2010). Some studies reported that employees in health care system have a 16-fold higher risk of being exposed to negative behaviors than other service workers and that the risk to nurse is three times higher than other health service employees (Kingma, 2001). Some nurses believe that workplace bullying threatens the safety of patients (Vessey et.al, 2009) and weakens the quality of nursing care (Rowe & Sherlock, 2005). Vanderstar (2004) suggested that establishing a direct link of workplace bullying and detrimental patient care could stimulate the revolution of health care. Indeed, the prevalence of workplace bullying occurs across several vocations, especially among hospital staffs, it also clearly indicates that no professional domain is immune to this phenomenon (Zapf, Einarsen, Hoel, & Vartia, 2003). It is valuable and important to study workplace bullying of nurses in tertiary hospitals in China.

Perhaps because of the complexity of the bullying phenomenon, many researchers continually tried to describe a normative definition of workplace bullying (Saunders et al., 2007). Workplace bullying was defined as a situation where one or several nurse individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions (Einarsen, Hoel, & Notelaers, 2009; Einarsen & Raknes, 1997). A clear asymmetrical power relationship exists between the bullying parties, thus, victims find it is difficult to defend themselves against negative behaviors (Smith, 1994; Olweus, 1996). Einarsen and Raknes (1997) proposed that bullying was not an either/or phenomenon. It could be described as a process with the traits of frequency, duration, hostility and power imbalance. Einarsen and Raknes (1997) developed a bullying model which classified workplace bullying into three dimensions: person-related bullying refers to behaviors that are not directly work related, such as gossiping, verbal abuse, devaluing and personal criticism; work-related bullying refers to behaviors that are directly related to work and work responsibilities, such as ostracizing others from a peer group; physical violence refers to violence and threats of violence that constitute a harassment factor in itself (Einarsen & Raknes, 1997).

Equality has been advocated among many types of jobs and throughout current workforce, but a clear hierarchical system and prejudice still exists. Nurses are a traditional oppressed group which have been rendered powerless by the medical establishment (Lee & Saeed, 2003). In China, nurses are considered an oppressed group when compared with physicians (Qiao & Wang, 2010). Furthermore, Chinese people inherit many cultural traditions such as avoiding risky actively and Chinese Confucianism emphasizes respect from subordinates to managers or seniors, this may push people to accept bullying behaviors, especially when the behaviors come from superiors (Yang & Yu, 1993; Yang, 2001). Additionally, many Chinese managers have an inaccurate assumption that rigorous management, even shouting, threatening or getting angry at employees will somehow lead to increased organizational efficiency and performance (Buon, 2016). Managers always consider that a lazy or slothful employee should be managed stringently. Furthermore, these managers who are mentioned above, were shocked when their behaviors were labeled as bullying. They also were shocked to realize that these negative behaviors will lead to a harmful outcomes instead of motivating their

subordinates. Although the bullied employee may work harder immediately, or in a short-term due to fear punishment, the actual consequence of workplace bullying will seem as an escape from negative behaviors such as absenteeism, sickness, counterproductive behaviors and turnover, ultimately affect the performance, responsibility and quality of patient care (Kivimaki, Elovainio, & Vahtera, 2000). Furthermore, in China, job performance is involved in a reward system of quite competitive circumstances. Some nurses prefer to work alone for acquiring more knowledge and resources and may even repel others or manifest aggressiveness (Xun et.al, 2013; Nie et.al, 2013).

The differences of culture, economy, policy and social structure lead to different prevalence rates of workplace bullying being reported (Mikkelsen & Einarsen, 2001). The majority of studies were conducted in Europe and the results showed that the prevalence rates of workplace bullying ranged from 10% to 30.2% among employees (Tambur & Vadi, 2009; Zapf, Escartin, Einarsen, Hoel, & Vartia, 2011). In the USA, several studies revealed prevalence rates of workplace bullying ranging from 28% to 31% (Lutgen-Sandvik, Tracy, & Alberts, 2007; Simons, 2007). Likewise, Wilson, Diedrich, Phelps, and Choi (2011) indicated 61.1% of surveyed nurses reported bullying was observed in their department. The results from Berry, Gillespie, Gates, and Schafer (2012) demonstrated that 57.9% of nurses were the direct targets of workplace bullying and 17.4% were witnesses in Ohio. Recently, a study reported 30.2% of nurses had experiences on workplace bullying in Athens (Karatza, Zyga, Tziaferi, & Prezerakos, 2016). As a pervasive phenomenon, in China, numerous nurses have reported as being the victims of workplace bullying. Approximately 50% of junior nurses had experienced horizontal violence in Zhejiang province (Wang, 2013); 33.5% of nurses who were 26-31 years old had experiences of workplace bullying (Qi & Li, 2015). The study which was conducted in Shantou reported that 43.9% of nurses had experiences with workplace bullying in the last 6 months (Zheng & Zhang, 2015). However, the majority of studies related to workplace bullying were conducted in the southern area of China, such as Zhejiang, Guangdong (Nie et al., 2013; Xun et al., 2013; Zheng & Zhang, 2015), which have higher levels of economic and educational status than Yunnan province. No published studies related to workplace bullying have been found in tertiary hospitals in Yunnan province. Thus, the situation of workplace bullying in Yunnan province is still

unknown, therefore, it is worthy to investigate workplace bullying of nurses in Yunnan province, the P. R. China.

Since nursing was separated from medicine as an independent discipline, it was developed as a very hierarchical system where compliance was demanded and encouraged (Reverby, 2005). Bullying behaviors were usually used to reinforce rules and norms, also to neutralize nurses who are challenging the status quo. Workplace bullying was used as a tool to maintain order and to reinforce existing power structures in the nursing profession (Curtis, Bowen, & Reid, 2007). Bullying is not only caused by psychological deficiencies of the perpetrators but also is a behavior that nurses learn from each other. New nurses are socialized into the bullying climate as students and new employees. Although they may have been victims of bullying, they often become the perpetrators themselves when they gain power and status within the organization (Lewis, 2006; Lewis & Orford, 2005).

Within the nursing profession, workplace bullying can create an interference and stressor, maintain a toxic work environment which impedes ability of nurse to concentrate on the complex tasks related to patient care, decrease nurses' work motivation, and produce absenteeism and errors (Berry et al., 2012). Some studies stated a concern that workplace bullying could diminish the performance of health care employees by reducing the communication and cooperation among colleagues, co-workers and superiors (Hutchinson, Jackson, Wilkes, & Vickers, 2008). Indeed, Davenport, Schwartz, and Elliott (1999) reported that people who have experienced workplace bullying may directly display negative professional behaviors because of their poor job satisfaction, performance and efficiency. These negative professional behaviors in the workplace lead to the professionals losing their motivation and commitment to the organization and their jobs, as a result, some mistakes at work become unpreventable (Davenport et al., 1999). Therefore, this bullying environment may result in poor nursing job performance and low quality of patient care in hospitals (Duddle & Boughton, 2007; Johnson, 2009; Johnston, Phanhtharath, & Jackson, 2010).

The previous studies showed that there was an inconsistent results of the relationship between workplace bullying and job performance (Yahaya, Ing, Lee, Yahaya, & Boon, 2012; Mete & SÖkmen, 2016). Furthermore, few studies examined the

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relationship between workplace bullying and job performance in China, and limited research results report the relationship between two of them ($r = -0.139$, $P < 0.01$) (Nie et al., 2013), ($r = -0.289$, $p < 0.01$) (Sun, Yan, Wang, & Sun, 2014). These inconsistent results displayed that affected by geographical and cultural characteristics, these situation may lead to some differences in the relationship between workplace bullying and job performance. Besides, the majority of studies in China which investigated the relationship between workplace bullying and job performance were conducted in the northern area of China, such as Harbin, which has a higher level of economic status than Yunnan. There are even few research studies were conducted in the Southwest of China (e.g. Yunnan). Thus, it is valuable to investigate the relationship between workplace bullying and job performance of nurses in tertiary hospitals in China.

Based on the above gaps of knowledge, the main purposes of this study are to describe the workplace bullying and job performance of nurses in tertiary hospitals, the P. R. China and to examine the relationship between the two variables among nurses in tertiary hospitals in P. R. China. The results of this study can provide significant and important information for nursing management, and assistant nursing researchers to continue their further studies.

Research Objectives

1. To describe the workplace bullying of nurses in tertiary hospitals, the P. R. China.

2. To describe the job performance of nurses in tertiary hospitals, the P. R. China.

3. To examine the relationship between workplace bullying and job performance among nurses in tertiary hospitals, the P. R. China.

Research Questions

1. What is the prevalence of workplace bullying of nurses in tertiary hospitals, the P. R. China?

2. What are the levels of task performance and contextual performance of nurses in tertiary hospitals, the P. R. China?

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3. Is there any relationship between workplace bullying and task performance of nurses in tertiary hospitals, the P. R. China?

4. Is there any relationship between workplace bullying and contextual performance of nurses in tertiary hospitals, the P. R. China?

Definition of Terms

Terms used in this study are defined as follows:

Workplace bullying (WPB) is defined as a situation where one or several nurse individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions (Einarsen et al., 2009). It can be measured by Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen et al., 2009) which was translated into Chinese by the researcher.

Job Performance (JP) in nursing is defined as the behaviors performed by nurses that directly contribute to the organizational technical core which is recognized as a part of nursing job and those behaviors not formally part of the job description, but support the social, psychological environment, which contributes to performance by facilitating organizational technical core (Greenslade & Jimmieson, 2007). It is classified into task performance and contextual performance and can be measured by Job Performance Scale (JPS) (Greenslade & Jimmieson, 2007) which was translated into Chinese by the researcher.

Tertiary hospitals refer to settings which in the western part of Yunnan province, the P. R. China. They have more than 501 beds and known as general hospitals. The hospitals responsible for medic clinical practice education, scientific research to support regional hospitals in the surrounding areas.

Nurses refer to persons who graduated from an accredited nursing education institution, hold the nursing license granted by Ministry of Health, the P. R. China, and have been working in the target hospitals for at least 1 year.