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ORIGINAL ARTICLE

The role of human resource management and governance in addressing bullying, burnout and the depersonalization of junior and senior psychiatric nurses in Saudi Arabia

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Abstract

This study examined the level of perceived responsibility junior and senior psychiatric nurses have for human resources and governance in Saudi Arabia. Bullying is a significant issue in nursing and an entrenched cultural practice that highlights a failure in governance and human resource responsibilities. A total of 90 responses (43.1%) to a 5-point Likert Scale survey that sought respondent perceptions on leadership, governance and human resources. This study is reported using EQUATOR network recommendations (SQUIRE 2.0). This survey revealed that junior and senior nursing respondents weakly agree with all statements. Neither nurse rank, educational status nor nationality affected the answers of the respondents; there were age, gender and experience effects. There is a significant correlation between all responses to the statements implying there is a social desirability bias to the responses. If bullying, and its derived consequence of burnout, is to be addressed there needs to be a cultural shift in the attitudes of junior and senior nurses towards more acceptance of their HR and governance responsibilities. Furthermore, there needs to be an increased focus on shared leadership responsibilities, with greater nurse-manager interaction and cooperation on transformational practices that will bring cultural change to the clinical space.

KEYWORDS
clinical practice, leadership, responsibility, social desirability bias, transformational leadership

INTRODUCTION

Bullying is a systemic problem in the nursing profession that creates significant workplace harm to clients and practitioners alike. Bullying has been shown to be a direct causal agent in the development of burnout (Islam et al., 2022; Wang et al., 2021). Addressing bullying, therefore, must be considered an issue for human resources (HR) managers, with a failure to address the issue a problem for organizational governance (Ajoudani et al., 2019). Importantly, burnout is a significant factor governing staff retention and job satisfaction, with 35% of psychiatric nurses reporting some level of burnout, and 22% showing intent to leave the nursing profession (Luo et al., 2019). Bullying of nurses in Saudi Arabia comes from four main vectors (Al Surimi et al., 2020). Patients were the highest reported perpetrators (36.1%), their families and friends of patients (29.5%), hospital staff (27.2%) or managers and supervisors (7.2%; Al Surimi et al., 2020). While there is much on the need for personal interventions, it is the nurse-manager leadership style and how organization culture is fostered that is the critical workplace component that can protect staff against bullying and, consequently its negative consequence, burnout (Madathil et al., 2014).

Personal interventions to address burnout are primarily aimed at improving the individual perception of

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self-worth. This means that there is a focus on positive emotions, thinking and behaviour (Luo et al., 2019). Self-actualization through positive recorded affirmation by nurses has been shown to alleviate the effect of burnout in some nurses (Luo et al., 2019). The lack of quality sleep was found to be a significant risk factor for burnout. This lack of sleep was positively correlated with psychological distress tied to emotional exhaustion, feelings of depersonalization and a sense of lack or accomplishment (Wang et al., 2021). Similarly, nurses who show low levels of self-confidence are at higher risk of burnout and exhibit higher rates of depersonalization (Laker et al., 2019). Nurses who dehumanize and bully clients suffer higher rates of burnout (Fontesse et al., 2021). Conversely, psychiatric nurses with a high level of empathy with clients often have constructive coping styles, which positively effects on the reduction of burnout rates (Wilczek-Rużycka, 2020). Therefore, personal well-being is critical to managing burnout and avoiding negative client care as a consequence of depersonalization.

Managers and their organizational control of the work environment were considered a major factor in controlling bullying behaviour and burnout in mental health nursing (Gunawan et al., 2020; Madathil et al., 2014). How managers manage staff in relation to rostering for shift work and overall workload can mediate burnout in nursing, factors which are not unique to mental health nursing (Luo et al., 2019; Madathil et al., 2014). However, mental health nursing involves a more interactive client-to-nurse approach; thus, psychiatric nurses are unique in the nursing profession in the increased risks for unfavourable emotional interactions and the focus of patient aggression (Al Surimi et al., 2020; Fontesse et al., 2021; Madathil et al., 2014). However, clients themselves play only a small part in burnout in psychiatric nursing, and the primary causal factors related to work (Johnson et al., 2018; Jørgensen et al., 2021). Unlike other areas of nursing, psychiatric nurses tend to dehumanize patients creating a structural environment for discrimination and reduceing patients' consent (Fontesse et al., 2021). This removal of patient consent and dehumanization of them is bullying.

Nurses who feel dehumanized by their superiors demonstrate increased dehumanization towards patients (Fontesse et al., 2021). Therefore, there is a direct link between nurse horizontal and downward bullying, and the victim of that bullying tending to dehumanize patients. Furthermore, dehumanization invariably leads to stigmatization a precursory factor to burnout (Cameron et al., 2016). This dehumanization is an unacceptable workplace bullying behaviour, and it is the role of nurse managers to recognize, prevent and manage the bully and reduce it at the organizational level (Hajibabaee et al., 2020). One failure of human resource managers, and consequently a failure in governance in terms of organization oversight, is the perpetuation of bullying (Gunawan et al., 2020). Within the healthcare sector, nursing is having a structural problem with bullying, and this toxic culture engenders fear, often referred to as nurses "eating their young" (Krut et al., 2021). This toxic culture relies on the perpetuation of significant levels of both horizonal and top-down bullying cultures (Krut et al., 2021). Given that the culture of bullying has grown more visible and worsened in recent years (Krut et al., 2021; Olsen et al., 2020), and we propose that this increase in antisocial behaviour reflects a primarily a failure in human resources management and governance within the work environment.

AIMS

There have been limited studies into the causes and effects of staff or manager bullying in the psychiatric nursing sector in Saudi Arabia (Al Surimi et al., 2020; Jørgensen et al., 2021; Laker et al., 2019). This study seeks to address two gaps in the mental health nursing literature: (1) the perceived leadership skills of middle management (head and supervisor nurses) by their subordinates (senior and junior nurses) and (2) to investigate mental health senior and junior nurse attitudes to organizational governance and HR responsibility.

METHODS

Study design

This study is based on an opt-in 5-point Likert Scale survey offered via *Google Survey* to mental health nurses in the Kingdom of Saudi Arabia. A condition of approval for this study the names and locations of the hospitals is not disclosed. Furthermore, because of the cultural situation within Saudi Arabia, the sex options were restricted to males and females. The study is reported using EQUATOR (Enhancing the QUAlity and Transparency Of health Research) network recommendations (SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence)).

Participants

This study was aimed at clinical practice junior and senior nurses. These are the two ranks below middle nursing management structures operating in Saudi Arabia. Two management divisions which were excluded from this study: (1) senior management is defined as nursing supervisors and nursing directors and (2) middle nursing management comprises charge and head nurses. Temporary and student staff were also excluded. A total of 209 invitations were sent, which represented the number of nursing staff at the required levels under the Director of Nursing's charge. A total of 90 surveys were completed

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in full; with no surveys that were incomplete and omitted from the study, representing a response rate of 43.1%.

Procedure

Staff were recruited over a 14-days. Participation was sought via an email request by the Director of Nursing on behalf of the researchers. Staff were informed that the survey was voluntary, and consent was agreed upon the commencement of the survey. Those who chose to participate in this study were asked to provide demographic information and to provide their response to a total of 20 statements presented in the form that asked them to rank their perception from strongly disagree (1) to strongly agree (5).

Measures

Sample demographics

The staff demographics provided an insight into the structure of the workforce, and these were treated as factor variables for post hoc compassion of means. There were six demographic variables: (1) length of employment, divided into 5-year cohorts; (2) rank, senior/junior nurse; (3) sex, female/male; (4) highest level of education, diploma/undergraduate degree/postgraduate degree; (5) age, divided into 5-year cohorts; and (6) nationality of nursing staff, with respondents asked to select between Saudi Arabian or non-Saudi.

Perceived nursing middle management skills

The statements seeking nurse perceptions can be grouped into two subsets, which were aimed at evaluating the perceived leadership quality and skills of nursing management (10 statements), and the organizational knowledge of nurses in relation to human resource responsibility and governance within the mental health clinical setting (10 statements).

Analysis strategy

Statistical analyses were carried out using SPSS Version 28.0 (Statistical Package for the Social Sciences). Mean perception means (±standard error) for each Likert Scale were calculated, and one-way ANOVA analysis was used to test the homogeneity of cohort responses. Where a significant difference was detected ($\alpha = 0.05$), a Turkey post hoc analysis was carried out, and the mean (±standard error) of those cohorts identified as significantly different is presented. A Pearson's correlation was performed between all responses to the statements ($\alpha = 0.05$).

RESULTS

The demographic data indicate that the majority of junior and senior psychiatric nurse respondents were under the age of 50 (97.8%; Table 1). Females were the dominant respondents making up 90% of those surveyed (Table 1). The nationality of the respondents was biased towards non-Saudis (66.7%), with Saudi nationals comprising 33.3% of those who answered the survey (Table 1). The measure of years of experience showed a high degree of representation across all demographic parameters, with 20% of respondents reporting 16 or more years of experience, while 31.1% had less than 5 years in the workplace (Table 1). The majority of respondents held bachelor's degrees (60.0%), with 5.6% holding postgraduate qualifications, the remaining held diplomas (Table 1). There were more senior nurses who responded (65.6%) than junior nursing staff (34.4%; Table 1). The demographic distribution of psychiatric nurse respondents is indicative of the wider long-term nursing population structure in Saudi Arabia in all aspects except age; respondents were typically younger than the wider nursing population (Al Turki et al., 2010; Alboliteeh, 2022; Algamdi, 2022).

The male participants were all Saudi and senior nurses, which does not reflect the expected demographics in which cohorts are typically non-Saudi dominated (Alboliteeh, 2022; Albougami et al., 2020; Algamdi, 2022; Table 2). The non-Saudi cohort of respondents were all under the age of 41, while the Saudis were all, except for one male, younger than 41, this is atypical, with other general nursing studies having the population demographic over 41 at 15.1% (Alshumrani et al., 2022; Table 2).

TABLE 1 Demographics of respondent nurses.

Demographic	Cohort	Number	%
Age (years)	18–30	43	47.8
	31–40	46	51.1
	41–50	1	1.1
	50+	0	0
Sex	Males	9	10.0
	Female	81	90.0
Nationality	Saudi	30	33.3
	Non-Saudi	60	66.7
Experience (years)	1–5	28	31.1
	6–10	21	23.3
	11–15	23	25.6
	16+	18	20.0
Education Level	Diploma	31	34.4
	Bachelor	54	60.0
	Postgraduate	5	5.6
Rank	Junior	31	34.4
	Senior	59	65.6

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TABLE 2 Cross-sectional breakdown of demographics showing workplace diversity.

		Nationality					
		Saudi			Non-Saudi		
		Age (years)			Age (years)		
Sex	Rank	18–30	31–40	41–50	18–30	31–40	41–50
Male	Junior	0	0	0	0	0	0
	Senior	3	5	1	0	0	0
Female	Junior	3	2	0	16	10	0
	Senior	3	13	0	18	16	0

TABLE 3 Table of survey statements showing the response means (±SE).

Statement	Mean (±SE)
Leadership	
(1) Nursing leaders talk to me about critical decision-making regarding workplace practices and regulations	3.66 ± 0.117
(2) The senior nursing management and clinical nursing staff develop and share common goals	3.79 ± 0.102
(3) The senior nursing management builds trust with clinical nurses through collaborative and productive working relationships	3.77 ± 0.107
(4) There is effective communication between the senior nursing management and the clinical nursing staff	3.73 ± 0.110
(5) The senior nursing management regularly assesses clinical nursing attitudes and needs	3.70 ± 0.111
(6) The clinical setting where I practice has defined what constitutes our "community"	3.62 ± 0.110
(7) Senior nursing management have an understanding of, and commitment to, building a healthier workplace culture in the clinical setting where I practice	3.67 ± 0.112
(8) Senior nursing staff have the skills to manage the work place effectively	3.71 ± 0.109
(9) Senior nursing staff are active in supporting and training clinical nurses in leadership skills	3.74 ± 0.110
(10) Senior nursing staff are proactive in implementing change within the organization	3.77 ± 0.110
Governance and HR	
(11) Clinical nurses have a responsibility for organization governance	3.63 ± 0.110
(12) Human resources tasks or duties are the responsibility of clinical nurses	3.37 ± 0.124
(13) The nursing hierarchy supports initiatives that focus on improving workplace culture	3.68 ± 0.112
(14) The nursing hierarchy's performance objectives include a focus on improving workplace culture	3.68 ± 0.101
(15) The senior nursing management have implemented a programme of values and ethical principles	3.74 ± 0.101
(16) The senior nursing management ensures compliance with applicable statutory requirements	3.66 ± 0.107
(17) The senior nursing management workforce development policy ensures that compliance with our ethical values and principles	3.68 ± 0.109
(18) The senior nursing management ensures that there are applicable sanctions for nurses in the clinical setting who violate our ethical principles and values	3.72 ± 0.102
(19) The senior nursing management ensures that our ethical principles and values are provided to all nursing staff	3.80 ± 0.103
(20) The senior nursing management has a clear process to allow individuals to confidentially bring concerns about ethical issues to the attention of management	3.79 ± 0.105

This survey revealed that junior and senior nursing respondents weakly agree with all statements (Table 3). While neither rank, educational status nor nationality affected the answers of the respondents, there were age, gender and experience effects. There is a significant correlation between all responses to statements implying a cultural influence to providing objective responses (Clarke et al., 2022). In the Saudi Arabian context, human resource management and governance are guided by both religion and culture. These mediate the perspectives of those working in that country, generating a level of social desirability bias (Alshammari, 2020; Mathieu, 2021; Siddique et al., 2016).

Age had a significant effect on the responses to statement 4 ($F_{2,87} = 5.384$, $p = 0.006$); the post hoc analysis indicating that the18–30-year-old cohort ($\chi = 3.37 \pm 0.163$; $n = 43$) differed from the 31–40 ($\chi = 4.07 \pm 0.137$; $n = 46$) and 41–50 (4; $n = 1$) year-old cohorts. Younger nurses were neutral, while those over the age of 31 agreed that senior

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nursing management effectively communicated with clinical staff.

Gender significantly affected the response to statement 12 ($F_{1,88}$=5.573, p=0.020); Males (χ=4.22±0.324; n=9) differed in their responses to females (χ=3.27±0.129; n=81). Males agreed that human resources issues were the responsibility of clinical nurses, while females remained neutral.

The number of years of experience significantly affected responses to statement 16 ($F_{3,86}$=3.190, p=0.028); with post hoc analysis indicating those with 1–5 years of experience cohort (χ=3.29±0.198; n=28) differed, as did the 11–15 years of experience cohort (χ=4.13±0.192; n=23). Those with less experience (1–5 years) were neutral that senior nursing management ensured compliance with applicable statutory requirements, while those with 11–15 years of experience were more in agreement.

DISCUSSION

The Saudi Arabian government introduced new initiatives to address the high rates of nurse turnover with the introduction of the *Saudi Healthcare National Transformation Program* (NTP)-2020, with one aspect being improvement of governance processes. This study revealed that nurses were only weakly in agreement on governance-related issues. This lack of commitment was reflected in the limited strongly agree response, and the outliers who gave negative responses, this may reflect a social desirability bias which makes finding the truth in perception problematic (Alshammari, 2020). Notwithstanding, this study found that nurses weakly agreed that there was sound leadership in terms of collaboration, communication and effective change management within the psychiatric setting. This supports prior studies that demonstrate that junior and senior nurses lacked the level of organization commitment that nurse managers had (Al Dossary, 2022). This lack of commitment by the clinical nursing staff means that implementing cultural change to address issues such as bullying is one of the major concerns when implementing the transformational programme (Al Dossary, 2022).

One of the indicators of bullying is a reduction in communication between nurses and their managers. Nursing managers have been demonstrated to practice passive avoidant leadership where those who can affect change often avoid dealing with unreported workplace conflicts (Islam et al., 2022). This study found that younger cohorts of nurses perceived lower levels of effective communication between them and their superiors; findings show this group was also more likely to be subjected to bullying (Al Surimi et al., 2020). Furthermore, those with higher academic qualifications tended to have reduced rates of bullying and higher engagement with their managers (Al Omar et al., 2019).

Furthermore, how individuals perceive their role in the administration of HR can impact their response to bullying. This study found that females had a lower level of agreement that HR was the responsibility of clinical staff, and this reflects findings that females were also more likely to be bullied than males (Al Surimi et al., 2020). When nurses take responsibility for HR and governance and act when presented with possible indications and signals of workplace bullying and institute proactive responsiveness, organizational cultural change towards bullying can be achieved (Salvador, 2022). To facilitate this action against bullying, nurses need to understand, and be involved in the development of, the referral and reporting systems, and the key to achieving this is effective education (Salvador, 2022).

Research into burnout in psychiatric nursing has yielded varying results and these variations may be attributable to the unique workplace conditions that the respondents worked under. While it was found that psychiatric nurses have higher levels of self-esteem than their general nursing counterparts (Mathew et al., 2013), they suffered from higher rates of burnout (Johnson et al., 2018). There are two forms of intervention that ameliorate the effects of burnout (Luo et al., 2019): individual relaxation techniques, changing cognition, and improving coping mechanisms; and organizational, which are primarily driven by administrative policy and deal with workloads, recruitment, empowerment and professional development and individual interventions.

CONCLUSION

Bullying is a culturally entrenched problem in the nursing profession and can only be addressed if there is a shift in attitudes towards HR and governance responsibility by all stakeholders. This study indicated a weak level of affirmation on the leadership within the clinical setting. Furthermore, perceptions of the HR and governance responsibility of senior and junior psychiatric nurses were also weakly agreed. Within the workplace, it is the responsibility of all nurses to mediate cultural change to ensure that HR and governance polices are fully complied with. It is only when nurses empower themselves as a collective that real and meaningful change to address the negative culture of bullying can be achieved.

RELEVANCE FOR CLINICAL PRACTICE

This study shows that there needs to be greater training to junior and senior nurses that reinforces their responsibility for HR and governance. Increasing HR and governance knowledge will create improved cultural practices that will lead to reductions in bullying, and consequently reduce the risk of burnout.

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AUTHOR CONTRIBUTIONS

Conceptualization, SM and JA; methodology, SM and JA.; validation, SP; formal analysis, SM, ST; investigation, JA.; data curation, SM and ST; writing – original draft preparation, SM and SP; ethic coordination, JA.; writing – review and editing, SP, ST and JA; supervision, SM; project administration, S.M. All authors have read and agreed to the final version of the manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICAL APPROVAL

This study was approved by Department of Health Affairs, Saudi Arabian Ministry of Health, Hafra Al Brain (number: H-05-FT-083).

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