Organizational Politics and Burnout as Predictors of Aggressive Behaviour among Nurses in Ukum Local Government Area, Benue State, Nigeria

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Abstract
This study examined organizational politics and burnout as predictors of aggressive behaviour among nurses in Ukum Local Government Area, Benue State. A total of 203 respondents were purposively selected with their ages ranging from 18 to 41years with the Mean age of 27.6 years. Results showed that 91 (44.8) were males and 112 (55.2%) were females. Data were collected using Perceived Organizational Politics Scale (POPS), Burden Scale (BS) and Aggressive Behaviour Scale (ABS). Three hypotheses were tested using regression analysis. Results showed that there was a significant influence of organizational politics on aggressive behaviour among nurses. There was a significant mfluence of burnout on aggressive behaviour among nurses. There was also a significant joint influence of organizational politics and burnout on aggressive behaviour among nurses. Based on these fmdings, it was recommended that hospital management should conie out with policies that would prevent politics of bitterness among staff as a way of forestalling peace in the workplace. Also, senior nurses should avoid abusive supervision of the junior ones to prevent aggression among nurses. Similarly, dirty politics of professional discrimination and supremacy should be eschewed by all health workers to guarantee harmonieus working relationships. Furthermore, government and private proprietors of hospitals should employ enough nurses to lessen their work and reduce burnout in the work place. In addition, work-shift should be encouraged and maintained in all hospitals to reduce burnout due to overtime. Above all, hospital management should employ industrial psychologists and occupational therapists to help nurses resolve conflicts arising from organizational politics and cope with job burnout.

Keywords: Organizational politics, burnout, aggressive behaviour, nurses.

1. Introduction

Workplace aggression is universal in the health sector, although local characteristics may vary. Workplace aggressive behaviour is any situation in which the person is the subject of abuse, threats or attacks in circumstances related to iieir work (or professional activity), having their safety, well-being or health-eatened explicitly or implicitly (World Health Organization, 2012; Internationallabour Organization, 2003). According to World Health Organization (2012), there are two types of workplace aggressive behaviour; physical aggression, which refers to the use of physical force against another person or group that résults in physical, sexual or psychological harm. This includes beating, kicking, slapping, stabbing, shooting, pushing, biting, and .pinching. On the other hand, psychological aggression is the intentional use of power which includes threat of physical force against another person or group that can result in harm to physical, mental, spiritual, moral or social development. This includes verbal abuse, uncivil behaviour, and lack of respect, disparaging attitude, intimidation, mobbing, harassment and threats.

World Health Organization 2012 joint program on workplace aggressive rehviour in the health sector shows that more than half of the health sectorpersonnel had experienced at least one incident of physical or psychological aggression. In South Africa, that figure reached 61%, in Thailand 54%, in Portugal 50%. In Bulgaria 37% and Lebanon 41% of the respondents reported incidents ofverbal violence which is a form of psychological abuse (WHO, 2012). The report indicates that nurses and physicians report very high levels of exposure to iggressive behaviour. In Beirut (Lebanon) Only in 2011, four out of five emergency department employees were verbally abused and one in four was physically assaulted (Alameddine, Kazzi, El-Jardali, Dimassi & Maalouf, 2011). Indices in 10 European countries showed that nurses in France (39%), UK (29%) and Germany (28%) reported the highest rates of violence (Estryn-Behar, *et al*, 2008).

Aggression against healthcare professionals seems to have increased in spain and numbers are as high as seen in the aforementioned countries. In Barcelona (Catalonia), one third of interviewed nurses had suffered a violent rrisode throughout their professional career (verbal aggression 44%, physical lasression 28%, threats 26%), predominantly in the emergency services (45%) (Colegio Oficial de Médicos de Barcelona, 2004)

In Jaen (Andalusia), out of 68 nurses of prirnary care, 58% had suffered iggression (verbal abuse 85%, threats 67.5%, and physical aggression 12.5%)Moreno, Vico, Zerolo,

Rodriguez, Herrera & .Mateios, 2005). Between January2007 and December 2009, 1940 violent incidents were reported in 60 health-care centers in Catalonia. Physical aggression was reported in one third of these incidents and verbal aggression in more than half of them (Cervantes, Blanch & Hermoso, 2010)

In Aragon and Castilla-La Mancha, out of 1845 medical professionals evaluated, 64% had been a victim of psychological violence (threats, coercion or insults) and 11% had suffered physical aggression. The percentage of insults received was higher for physicians (61.6%) and the threats were primarily aimed at managers (65%) and secondary at physicians (60.9%). Again, the emergency services were the most affected (87%). The percentage, of physical aggression was higher for physicians (19.4%), followed by orderlies (18.2%) and nurses (17%) (Martinez-Jarreta, Gascón, Santed & Goi- coechea, 2007). In Castilla and Leon, medical professionals (especially physicians) and nursing staff were the most affected by violence directed at them personally followed by attendants and orderlies, although the percentage of affected individuals in each category is not reported. The majority of aggression was verbal (65%) (Martlnez-León, Queipo-Burón, Irurtia-Muniz & Martinez-León, 2012)

In Granada (Andalusia), Roldan, Garrido, Salazar, and Ramos (2012) found high percentages of professionals in emergency services who had suffered from some sort of aggression during their working years (physicians 98.9%, nurses-*53%,* orderlies and ambulance drivers 91.8%). Psychological aggression was zistributed similarly (99% physicians, 94.1% nurses, and 89.7%-for orderlies and ambulance drivers). However, there was variation in respect to physical iggression, the nurses (27.1%) being the ones who were most affected, followed by the physicians (26.3%) and fmally the orderlies and ambulance drivers (13.4%) Rolden, *et al*., 2012).

In Nigeria, it is very unfortunate mat there is scarce statistics and researches on the level of aggression by and against nurses. This is in spite of the fact that aggression at work can trigger a range of physical and psychological outcomes in victims. Most victims of workplace aggression report being affected emotionally by the experience. Emotional experiences to physical and emotional violence can iriclude anger, frustration, shock, annoyance, fear, anxiety, stress depression, andsleep disruption (Gerberich, *et al*., 2004).

In the work environment, exposure to violence has recently been linked toother psychological problems such as burnout. Maslach and Jackson (1982) defined burnout as a syndrome characterized by emotional exhaustion (being emotionally overextended and exhausted by one's work), depersonalization (having an unfeeling and impersonal response toward recipients of one's services), and diminished personal accomplishment (having diminished feelings of competence and successful achievement in one's work with people). Some studies have shown that exposure to violence is associated with burnout. For instance, Moreno *et al.* (2005) report that family physicians who had suffered violence were *2.9* times more at risk of burnout than those who had not been assaulted, and in later years, Estryn-Behar *et al.* (2008) also found a risk number very similar although slightly lower in a cohort of nurses.. Specifically, it has been found that physical violence is associated with burnout and that psychological violence is associated with s.erious outcomes including significantly higher levels of anxiety and burnout (Martinez-Jaretta, *et al*., 2007; Allameddine *et al*., 2011).

Just as aggression can have negative psychological consequences, it has also been found that burnout can increase the risk of exposure to violence in the workplace. Alameddine *et al.,* (2011) found that respondents reporting a high level of emotional exhaustion had more than 2.1 times higher odds of exposure to a higher level of verbal abuse compared to respondents with an average level of emotional exhaustion. Similarly, respondents with a low level of personal accomplishment had 2.7 times higher odds of being exposed to higher levels of verbal abuse compared to their counterparts with average levels of personal accomplishment. Finally, the employees with a high and average level of depersonalization had 3.40 and 3.74 times higher odds of being exposed to higher levels of verbal abuse compared to employees with low levels of depersonalization.Witt, Hochwarter and Kacmar (2000) stated that organizational politics is a phenomenon in which members of the organization attempt either directly or indirectly, in order tp manipulate the behaviour of other members by means of not sanctioned prescribed Standard operating procedures or informal standards, mostly in an attempt toachieve objecües of individual or group.

Many years of varying experiences have supported a general belief that behaviour in organizations is political (Ferris & Kacmar, 1992). But despite that avariety of perspectives have been adopted to understand politics in organizations, it has been difficult although there is a

common belief thatpolitical behaviour can be defmed by the nature of the act or by people's perceptions of what is political (Vredenburgh & Maurer, 1984). The present study operationalizes politics in line with Gandz and Murray (1980) who construedOrganizational politics as a subjective experience and, thus, as a state of mind. This understanding of organizational politics suggest that three factors additively rrovide the Ml essence of perceived organizational politics which are labelled political behaviour, that includes the behaviours of individuals who act in a ïelf-serving manner to obtain valued outcomes; go along to get ahead, which ; insists of a lack of action by individuals (remain silent) in order to secure valued : -icomes; and pay and promotion policies, which involves the organization having politically through the policies it enacts (Kacmar & Carlson, 1997).

A closer look at the organizational politics literature provides some hints as to the possible emergence of aggressive behavior in highly political atmospheres.Gilrnore *et al*., (1996) suggested that organizational politics has many negaüve consequences, including conflict and disharmony, which emergé when individuals and/or or groups are pitted against each other or against the organization. In theiranalysis Gilmore *et al*., (1996) use the term 'hostile environment' to refer to the possible atmosphere that organizational politics may create. So if politics enhances conflicts among individuals and groups as well as creating a hostile work sphere, employees' behavior will most likely be affected- in some way at least, perhaps :hing extreme points such as aggressive behavior toward co-workers verbally orphysically.

Organizational Politics and Aggressive Behaviour among Nurses

Ebere (2014) investigated abusive supervision, tension and overload as predictors of counter productive work behaviour (CWB). Three hundred and one (301) secondary school teachers participated, who were randomly from Urban Girls Secondary School, Nsukka; Nsukka High School, ; St. Teresa's College, Nsukka; Queen of the Rosary Secondary School, Nsukka; Community Secondary School Obukpa, Nsukka; Model Secondary School, Nsukka and Community Secondary School Isienu, Nsukka. Their age ranged between 25 and 59 years and above. These teachers were accidentally sampled. Three hypotheses were stated and tested. The result of the multiple regression analysis showed that all the null hypotheses were rejected implying that the abusive supervision, work tension; abusive supervision (β = .24, = 4.10, P < 0.05), work tension (β = .21, t = .20, P < 0.001) and work overload (β = .22, t = .10, P <0.001). It

was however concluded that abusive supervision of any and degree, work tension as well as overload by this research are associated with CWB. Implications and limitations were discussed and suggestions made studies.

Etienne (2014) assessed registered nurses perceived exposure to convenience sample of a Pacific Northwest state professional nurses association membership was solicited for this descriptive study using the Negative Questionnaire-Revised percent of respondents admitted to bullied in the workplace during the previous 6 months, .with respondents choosing "being ignored or excluded" as the most common negative experience in the workplace. The results of this study suggest that workplace bullying remains a problem for reduction strategies must be devised as a means of retaining nurses and preventing adverse outcomes. One strategy to be effective in is assertiveness and aggression training of nurses.

Balducci, Avanzi, Consiglio, Fraccaroli and Schaufeli (2015)contributed to a better understanding of the interpersonal and organizational consequences of by investigating its relationship with workplace. Drawing on well-established models of workplace aggression, it hypothesised that workaholism would be related to aggressive behaviour over and above working conditions (e.g. interpersonal conflict), which are widely known their potential to trigger aggressive behaviour. Furthermore, it also hypothesized that job related affective states. Results were in line with predictions in both samples, suggesting is an important aggression is concerned. Burnout and Aggressive Behaviour among Nurses

Akar (2013) investigated the relationships among perceived job stressors. Workplace bullying and job stress using structural equation modeling. The data is obtained from 300 health service staff (junior doctors and nurses) in Turkey. Considering the findings, it is concluded that nurses experience more bullying and job stress than junior doctors. It is also noted that the averages and burnout the others. Results obtained from the structural equation modeling indicate that perceived job stressors affect workplace bullying positively and .that perceived job accomplishment at and anxiety. Psychological aggression was associated with personal accomplishment. Logistic regression showed that the CCED professionals who have suffered physical aggression were 4.2 and 2.6 times more likely to have suffered anxiety and reduced personal accomplishment, respectively, than those who did not suffer physical aggression. On the

other hand, feelings of anxiety and reduced personal accomplishment increase the professionals' risk (3.4 and 2.1 times more likely respectively) of suffering from physical aggression. The results suggest that exposure to violence is related to the other psychological problems tested: emotional exhaustion and personal accomplishment (two components of burnout), depression and anxiety. In addition, physical violence is a risk factor for anxiety and diminished personal accomplishment of the CCED professionals.

Khamisa, Oldenburg, Psltzer, and Ilic (2015) identified the relationship between work related stress, burnout, job satisfaction and general health of nurses. total of 1200 nurses from four hospitals were invited to participate in this cross-sectional study (75% response rate). Participants completed five questionnaires and linear regression analysis was used to determine significant relationships variables. Staff issues are best associated with burnout as well as job satisfaction. Burnout explained the highest amount of variance in mental health of nurses. These are known to compromise productivity and performance, as well as the quality of patient care. Issues, such as security and job satisfaction and health of nurses. Although this is more salient to developing contexts it is important in developing strategies and intervention programs Improving nurse and patient related outcomes.

Neben and Chen (2007) investigated the effect or influence that aggressivebehavior of some individuals with a developmental disability has on the level of burnout in developmental service workers (DS workers) in Southern Ontario.Findings indicated and depicted how aggressive behaviour can influence the of burnout by leading to reduced patience and negative feelings such as powerlessness. In response, many DS workers disengage from their or transfer to other positions or employment, resulting in a disruption in the continuity of support for an already marginalized segment of individuals with a developmental disability. Suggestions for addressing burnout in DS workers and important areas for future research are discussed.

Zahiri, Mahboubi, Mohammadi, Khodadadi, Mousavi6 and Jalali (2014) examined and compared career exhaustion among nurses working in surgery and internal wards. This is a descriptive study. The questionnaires concerning demographic information were distributed anonymously among 61 nurses in surgery and internal wards of two hospitals in Ahvaz in the period of July 2008 to Sep 2008. The Maslach Burnout Inventory (MBI) was used to measure the burnout. The data was analyzed by SPSS and Chi-squared test, T-test and Analysis variance

(p<0.05). The burnout criterion was observed in 24.5% the sample. Based on the burnout inventory grades in different wards, burnout in surgery ward is higher than internal ward and showing a significant difference. In this study, a high degree of emotional exhaustion was observed among 45.9%, and a high degree of personal inefficacy among 70.4%, and a high degree of depersonalization among 40.9% of the nurses. Regarding the high psychological pressures on the nurses, managers should pay more attention to their professional satisfaction, especially for those working at wards with high amount of work and more burnout. The managers should reduce the psychological pressures by planning appropriately, reducing the amount of the work, and optimizing the workplace environment. The study was designed to test the following hypotheses:

    i.   There will be a significant influence of organizational politics on aggressive behaviour among nurses in Ukum local government area.

    ii.   There will be a significant influence of burnout on aggressive behavior among nurses in Ukum local government area.

    iii.   There will be a significant joint influence of organizational politics and among nurses in Ukum local government area.

2. Research Method

This study is an ex-post facto study. This research approach was used because variables were not manipulated but instead questionnaires were used to collect data on organizational politics and burnout among nurses in Ukum local government area.to determine the extent to which these variables influence aggressive behaviour. The study has organizational politics and burnout as independent variables, while aggressive behaviour was measured as the dependent variable.

Participants

The study consisted of 203 nurses drawn from four hospitals and public primary healthcare centres m each of the 13 council wards in the Ukum local government area. Out of this total number, 91 (44.8%) were males and 112 55.2%) were females. Distribution according to age revealed that respondents were in the age range of 18-41 with the mean age *of 27.6* years. Results indicatedthat 71 (32.1%) of the respondents were senior nurses and 149 (67.4%) were in

the junior cadre and 1 (.5%) did not indicate cadre. The study was also made up of 13 (5.9%) single, 188 (85.1%) married and 14 (6.3%) divorced nurses. Also data showed that 4 (1.8%) and 2 (0.9%) lost their partners through death and separated respectively. The distribution of respondents according to ethnic groups showed that most of them were of Tiv origin with few coming from other ethnic groups. The religious affinity of respondents indicated that all the respondents were Christians.

Instruments/measures

Data for this study were collected using three scales which include Perceived Organizational Politics Scale (POPS), Burnout Scale (BS). And Aggression Scale

i.   **Perceived Organizational Politics Scale (POPS):** Perceived Organizational Politics Scale was developed by Kacmar and Carlson (1997) to measure three dimensions of organizational politics: General Political Behaviour(GBP)= 2 items; Go Along To Get Ahead(GAGA)= 7 items and Pay and Promotion Policies(PPP)= 6 items. The items were measured on-a 5-point Likert type response format with higher scores indicating a negative organizational politics. The instrument has the reliability coefficient of .80.

ii. **Maslach Burnout Inventory (MBI):**This instrument was developed by Maslach and Jackson (1986) to measure the perceived burnout. It has a Liket scale format with 1= Daily, 2= Frequently, 3= Occasionally, 4= Never. The instrument consist of 25 items measuring the three components of burnout (emotional exhaustion, .70 for depersonalization and .76 for personal accomplishment. The inventory was originally designed by Maslach and Jackson (1986) and reported Cronbach alpha of of .76 to .90 and test retest reliability coefficient of .60 to .80 for the original scale

iii. **Aggression Questionnaire:** Buss and Perry (1992) revised the Buss-Durkee Hostility Inventory Aggression Questionnaire to measure the aggression level adolescents and adults. It consists of 29 items, which are scored a 5 point-scale, with 1 showing "very often applies to me" and 5 showing "never or applies to me". The item of 19 is scored in a reverse manner. Aggression Questionnaire includes five subscales; Physical Aggression (9 items), Verbal Aggression (5 items), Anger (7 items), Hostility (8 items), and Aggression (5 items). Internal consistency reliability of the original questionnaire found to be .89 for the total scale, .85 for Physical Aggression, .72 Aggression, .83-,

.77Aggression subscales. Moreover, test-retest reliability for the total scale was .80; for the subscales of Physical Aggression, Verbal Aggression, Anger, Hostility, indirect Aggression were .80, .76, .72, .72, .74, respectively. Additionally 1997), in his reliability and validity study of AQ, found that Cronbach's Alpha Correlation Coefficient was .76 for the total scale. The internal consistency of the subscales ranged.70 and .75.

Procedure

After obtaining permission from the Ministry of Health, the researchers obtained informed consent of the nurses. Thereafter, questionnaires were administered to them. After 2 days the questionnaires were returned. Out the 250 questionnaire administered 47 (18.8%) were not correctly filled and remaining 203, accounting to the response rate of 81.2%. This indicates that nurses showed enthusiasm in participating in the study. Finally, respondents were debriefed in accordance with research ethics in Psychology.

Data analysis

Data collected were analyzed using Simple Linear and Multiple Regression Analysis to determine the independent and joint influence of organizational politics and burnout on aggressive behaviour.

3. Results

Table 1: Regression analysis showing the influence of organizational politics on aggressive behaviour among nurses

Variables	R	R^2	F	β	t	P
Constant	.583	.339	34.090		-3.296	.002
GBP				.264	4.508	.000
GAGA				-.262	-4.416	.000
PPP				.502	8.584	.000

Dependent Variable: Aggressive Behaviour

The results presented in table 1, showed that, there was a significant influence of organizational politics on aggressive behaviour among nurses *(R = .583 = R^2= .339, F (3,199) = 34.090, p<.01.* The result further revealed that, organizational politics accounted for 33.9% of the total variance observed in aggressive behavior of the nurses in Ukum local government area.

Independently, pay and promotion polices (β=.502, t= 8.584, P<.001) made the highest positive contribution followed by General Political Behaviour (β= .264, t=4.508, P< .01) while Go along to Along to Get Ahead (β= -.262, t= -4.416, P< .01) made a significant negative contribution to the model. This finding implies that higher levels of organizational politics are likely to bring about higher level of aggressive behavior among nurses. This hypothesis is therefore confirmed.

Table 2: Regression analysis showing relationship between burnout and aggressive behaviour among nurses

Variables	R	R^2	F	β	t	P
Constant	.574	.340	34.230		-4.453	.000
*E*motional Exhaustion				.216	3.359	.001
Depersonalization				.370	5.627	.000
R. Personal Accomp.				.341	5.031	.000

Dependent Variable: Aggressive Behaviour

The result in table two shows that there was a significant influence of burnout on aggressive behaviour among nurses R=.574 and R^2 = .340, F(3, 199)=34.230, P<.001. This result further shows that burnout accounted for 34% of the total variance observed in aggressive beehaviour of the nurses. Independently depersonalization (β=.370, t=5.627, P<.001) made the highest contribution, followed by personal accomplishment (β= .341, t= 5.o31, P< .001), while emotional exhaustion (β= .216, t = 3.359, P< .001) came last. This finding implies that, higher level of burnout is likely to lead to aggressive behaviour among nurses. This hypothesis is therefore confirmed.

Table 3:   Multiple Regression analysis showing the joint influence of organizational politics and burnout on aggressive behaviour among nurses

Variables	R	R^2	F	β	t	P
Constant	.741	.548	39.666		-6.91	.000
BPB				.267	5.42	.000
GAGA				-.326	-5.96	.000
PPP				.375	6.88	.000
Emotional Exhaustion				.322	5.79	.000

Depersonalization	.175	2.89	.004
R. Personal Accomp.	.368	6.48	.000

Dependent Variable: Aggressive Behaviour

The results presented in table 3 above revealed that there was a significant joint influence of organizational politics and burnout on aggressive behaviour among nurses R = . 741 = R^2 = .548 (F (6, 196) = 39.66, t=6.9lp< .05.This means that all the dimensions of organizational politics and burnout jointly contributed to 54.8.0% increase in aggressive behaviour among nurses except GAGA. Therefore, this hypothesis has been accepted and the null hypothesis rejected.

4. Discussion

The first hypothesis states that there will be a significant influence organizational politics on aggressive behaviour among nurses. This hypothesis tested and it was found that there was a significant positive influence organizational politics on aggressive behaviour among nurses. This means that the higher the organizational politics, the higher the behaviour in a workplace. This further means that politics in the health sector is one of the major sources of workplace aggression among nurses. This is true because organizational politics literature provides some hints as to the possible emergence of aggressive behavior in highly political atmospheres. For instance Gilmore *et al*., (1996) maintained that organizational politics has many ne consequences, including conflict and disharmony, which emerge when individuals and/or groups are pitted against each other or against the organization.

In their analysis Gilmore *et al*., (1996) use the term 'hostile environment' to refer to the possible atmosphere that organizational politics may create. So if politics create conflicts among individuals and groups as well as creating a hostile work sphere, nurses' behavior most be affected in some way at least, perhaps reaching extreme points such as aggressive behavior toward co-workers and even patients be it verbally or physically. This finding again agreed with Ebere (2014) who found that abusive supervision of any kind and degree, work tension as well as work overload all significantly predicted counter productive work behaviour.

Accordingly, Balducci, Cecchin, Franccaroli and Schaufeli (2015) reported that workaholism is an important factor as far as work place aggression is concerned. Also Etiene

(2014) in his study among nurses reported that forty eight percent of respondents choosing 'being ignored or excluded' as the most common negative experience in the workplace.

Secondly, it was hypothesized that there will be a significant influence burnout on aggressive behaviour among nurses. This hypothesis was tested and it was found that there was a significant positive influence of burnout on aggressive behaviour. This means that the higher the level of burnout, the higher the level of workplace aggressive among nurses. This finding is convincing because all human beings want to work in an environment devoid of tension and stress. Therefore, when nurses are under tension and stress due to overload, spending longer hours than expected and under abusive supervision, they to become aggressive to co-workers, supervisors and even patients the opposite is the case, nurses naturally develop love towards colleagues and show care to the patients.

This finding is in tandem with a finding of a study by Akar (2013) which indicated that nurses experience more workplace bullying and job stress than junior doctors. It is also noted that the averages of work-overload, work-related and burnout sub-factors are higher than the others. Results obtained from the structural equation modeling indicate that perceived job stressors affect workplace bullying positively (Akar, 2013). Furthermore, this study by Zahiri, *et al*., (2014) in which burnout criterion was observed in 24.5% the sample. Based on the burnout inventory grades in different wards, burnout in higher than internal ward and showed significant relationship with workplace aggression.

Lastly, hypothesis three which states that there will be a significant joint influence of organizational politics and burnout on aggressive behaviour among nurses. This hypothesis was tested and it was found that organizational politics and burnout joint influence on among nurses. This implies that organizational politics and burnout are co-determinants nurses. This means that high level of hospital politics with a corresponding considerable level of burnout can give rise to high level of workplace aggressive behaviour among nurses. Whereas, low level of organizational politics coupled with insignificant level of burnout may lead to decline in level of workplace aggressive behaviour among nurses. This finding has no equivalent in previous literature since joint influence has neither being investigated outside nor in Nigeria.

5. Conclusion

This study examined organizational politics and burnout as correlates of aggressive behaviour among nurses in Ukum LGA. In the course of this study, theories and empirical literature were reviewed, data were collected and tested.

Based on the results, it was concluded that:

i.   There was a significant positive influence of organizational politics on of nurses.

ii.   There was a significant positive influence of burnout on aggressive

iii.   There was a significant joint influence of organizational politics and burnout on aggressive

Recommendations

Based on the above findings, it was recommended as follows:

i.   Hospital Management should come out with policies that would prevent politics of bitterness among staff as a way of forestalling peace in the workplace.

ii.   Senior nurses should avoid abusive supervision of the junior ones to prevent aggression among nurses.

iii.   Dirty politics of professional discrimination and supremacy should be eschewed by all health workers to guarantee harmonious working relationships.

iv.   Government and private proprietors of hospitals should employ enough nurses to lessen their work and reduce burnout in the work place

v.   Work–shift should be encouraged and maintained in all hospitals to reduce burnout due to overtime.

vi.   Job incentives should be put in place to motivate nurses to put in their best to care giving

vii.   Many School by government, NGOs and Religious bodies as well as train people in the nursing field to avoid work overload existing ones.

viii. Hospital management should employ industrial psychologists and occupational therapists to help nurses resolve conflicts organizational politics and cope with job burnout.

Limitations of the study

This study has contributed immensely to knowledge. However, it is limited in some in some aspects:

References

Akar, N. (2013). The Relationships among Perceived Job Stressors, Workplace   \^ Bullying and Job Stress in the Health Care Services in Turkey: A Structural Equation Modeling (SEM) Approach. *and Social Science, 3(14); 248-257.*

Alameddine, M..kazzi. A., El jardali, F., Dimassi, H &Maalouf, S. (2011) Occupational violence at Lebanese emergency departments: Prevalence, characteristics and associated factors. Journal of occupational health, 455-464.

Buss, A.H.&Perry, M.P. (1992).*The Aggression Questionnaire. Journal of Personality and Social Psychology 63, 452-459.*

Cervantes, G., Blanch, J. M. &Hermoso, D. (2010). Work- place violence against healthcare professionals in Catalonia notified online (2007-2009) [Violenciaocupacional contra profesionalessanitarios en Catalunanotificadapor Internet (2007-2009)]. *Archives de Prevention de RiesgosLaborales,* 13, 135-140.

ColegioOficial de Medicos de Barcelona (2004) Guide to preventing and maging violence against physicians in the workplace [Guiaparaprevenir y gestionar la vio- lencia en el lugar de trabajo contra los medicos].*Cua-dernos   de la Buena raxis,* 17, 6.LCom/comb/docs/praxi]7?mode^embed&layout^http%3A//skin.is

Ebere, U.T. (2014). Abusive supervision, work tension and overload as of counter productive work behaviour. An M. Sc thesis submitted in fulfillment of the requirements for the award of Master of Science Honours Degree in Industrial /Organizational la, Nsukka.

Estryn Behar, M van der Heijden, B., Camerino, D., Fry, C., Le Nezet, O., >. M., Hasselhorn, H. M. & NEXT Study Group (2008) Violence risks in nursing —Results from the European 58,107-117.

Etienne, E. (2014). G. R.,&VI. (1992). Perceptions of organizational ,75,93-116.   .

Ferris, G. R., Russ, G. S., &Fandt, P. M.(1989). Politics in Organizations.In R. Giacalone& P.Rosenfeld (Eds.).*Impression Management in ion:* Hillsdale, NJ: Erlbaum, 6, 143-170

Gandz, J.M. & Murray, V. (1980).The experience of workplace politics.Academy of Management Journal, 23,237-251.

Gerberich, S. G., Church, T. R., McGovern, P. M., Hansen, H. E., Nachreiner, N. M., Geisser, M. S., Ryan, A. D., Mongin, S. J. & Watt, G. D. (2004) An epidemiological study of the magnitude and consequences of work related violence: The Minnesota nurses' study. *Occupational and Medicine,* 61, 495-503.

Gilmore, D. C., Ferris, G. R., &Dulebohn, J. H. & Harrell-Cook, G. (1996). Organizational Politics and Employee Attendance.*Group and Organization t,* 21,481-94.

International Labour Organization (2003).Code of practice on workplace violence in   services sectors and measures to combat this phenomenon.dlo.org/safeworMnfo/standards-and-107

Kacmar, K.M. & Carlson, D.S. (1987).Further validation of the Perceptions of Politics Scale (POPS) a multiple sample investigation.*Journal of Management*, 23,627-660.

Witt, L. A., Carlson, D. S. &Zivnuska, S. (2002). effects of personality and Organizational Politics and Contextual performance . *journal of organizational behavior*, 23: 911-926.

Balducci,C. Avanzi, L. Consiglio, C. Fraccaroli, F. &Schaufeli, W. (2012). A Cross-National Study on the Psychometric Quality of the Italian Version of the Dutch Work Addiction Scale (DUWAS) *European Journal of Psychological Assessment* DOI: 10.1027/1015-5759/a000300

Maslach, C. & Jackson, S. E. (1986).*Maslach Burnout Inventory*: California Consulting Psychological press.