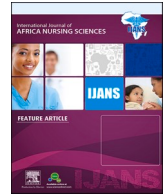


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Perceived organizational politics: Implications for nurses' stress and job satisfaction

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ABSTRACT

Background: Perceived organizational politics is a common phenomenon in almost every organization and is associated with undesirable employee outcomes. Despite numerous studies on this important topic, studies describing the influence of perceived organizational politics on nurses' outcomes (job satisfaction and stress) remain underinvestigated. This study examined the impact of perceived organizational politics on job satisfaction and job stress among nurses.

Methods: A quantitative cross-sectional design was used in this study. Two hundred and thirteen (213) nurses participated. Three standardized instruments were utilized: Perception of Organizational Politics, Job Satisfaction Scale, and Job Stress Scale. Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression analyses.

Findings: Nurses perceived a high level of organizational politics. We identified a significant correlation between perceived organizational politics, job stress, and job satisfaction in nursing. The results showed nurses' perception of organizational politics had a positive relationship with job stress and a negative relationship with job satisfaction.

Managerial implication: Hospital management should reconsider the organizational, group, and individual situations that create perceived organizational politics to prevent any unnecessary political behaviors in the hospital. Also, strategies to enhance nursing management and healthcare provision should be directed at reducing the use of politics to promote self-interest.

Originality/value: Our study provides a novel insight into the unexplored nature and impact of perceived organizational politics on nurses' job satisfaction and stress in Ghana. It is the first research to investigate organizational politics using nursing population in the Ghanaian context and makes significant contributions to theory and practice.

1. Background

Organizations are made up of people with diverse values, attitudes, ideas, beliefs, values, and these differences affect the way these people interpret issues in the organization (Delle, 2013; Khan, Kaewsaeng-on, Hassan Zia, Ahmed, & Khan, 2020; Rughoobur-Seetah, 2022). These differences project how people's subjective interpretation is linked with organizational problems such as politics (Asrar-ul-Haq et al., 2019). Hence, scholars have described organizations as political arenas (Rughoobur-Seetah, 2022). Organizations where politics are widespread provide an unfavorable work environment for people, which is not conducive to fostering positive work-related behaviors.

Perceived organizational politics (POP) has been defined as social influence attempts directed at those who can provide rewards that will help promote or protect the self-interests of the actor (Takeuchi, Yu, & Lin, 2022). Labrague et al. (2017) described POP as purposeful actions by individuals aimed at realizing one's self-interest while ignoring the well-being of others or their organization. Such behaviors are mostly hidden and not consistent with the organizational rules and regulations but directly or indirectly affect the organization's bureaucracies (Landells & Albrecht, 2019). In every organization, politics exist in different ways and is used to achieve individual goals and benefits, improve one's professional career and gain resources or advantages from the organization (Landells & Albrecht, 2019; Zibenberg, 2021).

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Employees often get involved in organizational politicking to enhance their position at the expense of others, such as their colleagues.

In nursing, politics may arise due to factors such as a decline in the economy, changes in the health care system, and struggles over scarce resources (Labrague et al., 2017). Daily, nurses experience organizational politics, which arise from power plays, competing interests, and conflict between and among nurse employees. Examples of organizational politics in nursing include using unlawful means to gain power, bypassing the chain of command, lobbying top managers before promotions (Atinga, Domfeh, Kayi, Abuosi, & Dzansi, 2014; Kankam & Suleman, 2022), and impression management among junior colleagues. Nurses become demoralized by the perception of such behaviors in the hospital environment, which can decrease job satisfaction, leading to job stress, decreased performance, and a lack of trust in leadership. When employees are exposed to organizational politics at their job, it often presents a bad image of the organization.

Chen, Wang, Chang, and Weng (2017) identified general political behavior, silent and benefits, and policy and practice as key POP nurses encounter daily at work. General political behavior is the extent to which nurses become aware of other members engaging in unofficial political behavior (Chen et al., 2017). Some general political behaviors are: 'people step on others to gain advantage for themselves' and 'omitting or giving selective information to twist information others needed to benefit themselves (Chen et al., 2017). Silent and benefit is defined as the degree that nurses intentionally refuse to communicate their positions and opinions in the hospital to avoid being seen as antagonistic (Chen et al., 2017; Sharu & Manikandan, 2019). To avoid offending superiors, nurses resort to behaviors such as 'it is best not to meddle in other people's businesses; sometimes it is better to remain silent than to resist the institution; and sometimes it is better to tell people what they want to hear than to tell them the truth' (Chen et al., 2017). Though expressing concerns, opinions and ideas may result in positive outcomes such as positive performance evaluations and promotion opportunities, nurses still often choose to remain silent about their concerns.

Policy and practice is the degree that nurses become aware that salary, promotion, and the systems in the organization are inconsistent (Chen et al., 2017). For instance, when salaries and promotions regulations are not related to actual implementation, when there is no clear rule on when nurses get promotions, and when the promotion nurses experience does not conform to promotion policy regulations in the hospital. Studies show that employee promotion, salaries, and other non-financial remunerations are important preconditions for motivation and are effective in attracting and retaining nurses, especially in rural areas (Bertone & Witter, 2015). Therefore, hospital managers must ensure impartiality and openness in employee promotions and other benefits. When employees are treated fairly and equally, it enhances industrial harmony, boosts morale, and improves productivity.

Beside the above, mounting evidence suggests nurses experience several politics in their work environment. For example, perceived favoritism, where nurses feel that certain colleagues or managers are favored over others (De Los Santos et al., 2020). This can create an environment that allows partiality and inequality, which is detrimental to the organization's culture and, ultimately, to patient care. Some managers knowingly play favorites with the nurse staff, while some do so inadvertently. Regardless of the intent, favoritism in a healthcare environment should be avoided. Similarly, nurses also experience a lack of transparency. Lack of transparency in decision-making processes makes nurses feel left out or undervalued, which may lead to frustration and disengagement.

Generally, previous studies in both private and public sectors have associated POP with negative employee outcomes such as decreased performance, decreased organizational commitment, lowered attendance, low morale, negative attitudes, and negligent behaviors such as the intent to leave the job and neglect of duty (Atinga et al., 2014; Danish, Humayon, Aslam, Usman, & Tariq, 2014; Opoku & Arthur,

2018; Takeuchi et al., 2022). However, this study focuses on understanding POP's consequences on job satisfaction and stress.

Job satisfaction is a positive emotion where an employee experiences happiness in the workplace (Opoku & Arthur, 2018). In hospitals where the working environment is perceived to be infused with politics, nurses are likely to feel more helpless and targeted by the political behaviors of their colleagues. Nurses will be dissatisfied if they perceive the hospital as unfair in deciding their promotions, benefits, and rewards. Therefore, it can be said that POP decreases job satisfaction. Different studies have found a negative relationship between POP and decreased job satisfaction (Cho & Yang, 2018). For instance, in a study involving 125 employees in different organizations, Faye and Long (2014) found that staff in organizations with high POP were dissatisfied with their job. Labrague et al. (2017) found a strong association between POP and job satisfaction among 166 Filipino nurses. Similarly, Khan et al. (2020) reported no connection between POP and job satisfaction among 164 employees drawn from banks, a local university, and a multinational manufacturing firm. However, the authors revealed that a POP positively impacted job satisfaction in younger employees (Ampofo et al., 2021; Khan, Abbas, Kumari, & Najam, 2022; Khan et al., 2020).

Job stress is an interaction between the working environment and the individual, which changes the person's psychological and physiological state and impairs his or her ability to operate in a typical manner (Babapour, Gahassab-Mozaffari, & Fathnezhad-Kazemi, 2022). POP is negatively associated with individual employee behavior and attitudinal outcomes. Such perceived politics are a determinant of stress that builds stressors among the staff in organizations (Bashir, Abrar, Yousaf, Saqib, & Shabbir, 2019). In organizations where employees attribute stress to perceived politics, they turn to think that decisions within the organization are motivated by the self-serving to protect individual interests (Bashir et al., 2019). Empirical data indicates a positive association between POP and negative emotional states, such as increased job stress and burnout of employees. For instance, Abbas, Raja, Darr, and Bouckennooghe (2014) found that POP causes stress at work, and when this happens, employees tend to think that decisions within the organization are being made primarily out of self-interest. It has been stated that any actions in an organization that can trigger favoritism or unfairness, such as political acts, are associated with job stress and burnout (Abbas et al., 2014; Khan et al., 2022; Labrague et al., 2017). Employees who perceived a highly political atmosphere at work reported high levels of job stress (Basar and Basim, 2016; Danish et al., 2014).

Notwithstanding the plethora of studies worldwide on POP, most of these are conducted in advanced countries. Few studies originating from Ghana have investigated the relationship or impact of POP on workplace victimization (Opoku & Arthur, 2018), employee commitment (Amponsah-Tawiah & Annor, 2017), job involvement (Delle, 2013), job stress (Kankam & Suleman, 2022) and turnover intention (Delle, 2013; Kankam & Suleman, 2022). However, these studies were conducted in the insurance, telecommunication, local government, and mining sectors (Delle, 2013; Kankam & Suleman, 2022; Opoku & Arthur, 2018). Data on the nature and impact of POP on nurses in Ghana is limited. To the authors' knowledge, only one study has been identified on this topic utilizing the nursing population (Atinga et al., 2014). Atinga et al., (2014) posited a negative consequence of POP on nurses' work outcomes (i.e., absenteeism, burnout, and intent to leave). However, the impact of POP on job satisfaction and stress among nurses in Ghana is missing.

Job satisfaction and stress have detrimental consequences on the quality and efficiency of nursing care, as it results in decreased commitment on the part of nurses, leading to increased medical errors and missed care. Our study will be the first empirical study to investigate the impact of POP on nurses' job satisfaction and stress in selected Ghana hospitals. To achieve the study purpose, there were two questions we sought to answer: (1) What is the nature of POP (general political behavior; silent and benefit; and policy and practice), job satisfaction, and job stress among nurses? (2) What are the effects of POP (general political behavior, silent and benefit, and policy and practice) on nurses'

job satisfaction and stress?

2. Methods

2.1. Design and setting

We utilized a descriptive cross-sectional design to study phenomena in three hospitals in the Northern Region of Ghana. The hospitals comprised one regional hospital and two district-level hospitals. The region comprises 14 administrative districts. It is the largest region with 70,765 km² landmass and a total population of 2,479,461 (Ghana Statistical Service 2020). The region is bordered on the north by the North East region, on the south by the Oti region, on the east by the Republic of Togo, and on the west by the Savannah Region. We purposefully chose these three institutions to help us understand the effects of POP on job satisfaction and job stress among nurses.

2.2. Population and data collection

Our target population was all nurses and health tutors working in study hospitals and colleges. The study criteria were nurses and health tutors who have worked for at least one year in the study facilities and were interested in participating. Nurses who participated in the study included general nurses, midwives, and enrolled nurses. We excluded non-nurses and non-health tutors. Our target population was 387. Using the study facilities' staff strength, we assigned facilities a proportional quota based on their nursing staff population. Two hundred and fifty nurses were invited to participate in the study, and 213 responded (representing an 85.2 % response rate). We computed the sample size based on Slovin's (1960) simplified formula. A simple random sampling technique was utilized to recruit study participants based on the outlined inclusion criteria. We recruited participants from each study facility by employing a quota sampling technique to ensure adequate representation of the study population.

2.3. Instrumentation

We adopted a self-administered questionnaire for data gathering. The POP scale by Kacmar and Carlson (1997) was used to gather data on perceived organizational politics among nurses. The tool comprises three subscales with nine items: general political behavior (3 items), silent and benefits (3 items), and policy and practice (3 items). The tool is a Likert scale measured on a 5-point scale ranging from (1 = Strong Disagree to 5 = Strongly Agree) with a high score (above 3.0) indicating a high level of POP. Previous authors have tested the tool's reliability and have a Cronbach's alpha ranging between 0.79 and 0.88 (Chen et al., 2017; Labrague et al., 2017). Our study yielded Cronbach's alpha of 0.82.

Nurses' job satisfaction was examined by using the Job Satisfaction Scale (Noblet & Rodwell, 2009). The tool has two subscales comprising 10 items: internal satisfaction (5 items) and external satisfaction (5 items) measured on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) with the highest score (above 3.0) representing high perception job satisfaction. Earlier authors have determined the tool's reliability with a Cronbach's alpha between 0.85 and 0.95 (Chen et al., 2017; Ladebo, 2008; Noblet & Rodwell, 2009). This study yielded a Cronbach's alpha of 0.71, considered acceptable.

To assess job stress in nursing, we utilized Job Stress Scale (Netemeyer, Maxham, & Pulling, 2005). The scale has two subscales: work requirements (3 items) and insufficient support (3 items) measured on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree), with the highest score (above 3.0) showing a high perception of job stress. This current study established a Cronbach's alpha of 0.710, which is consistent with what previous studies utilizing the instrument reported, which ranged between 0.61 and 0.93 (Chen et al., 2017).

2.4. Data analysis

We used SPSS version 28 to perform descriptive, correlation, and multiple regression analyses of the dataset. We used frequencies, means, and standard deviations to describe the data. Pearson correlation was used to determine the association between POP, job satisfaction, and stress. We performed multiple linear regression to determine predictors of job satisfaction and stress among nurses. Data analyses were conducted using a 95 % confidence interval and criterion level of 0.05.

2.5. Ethical considerations

The authors obtained ethical approval from the Noguchi Memorial Institute for Medical Research (CPN 023/17–18), University of Ghana. Institutional approvals were also obtained from the study hospitals. As a non-experimental study, there was no emotional or physical harm to the participants. The questionnaire did not include items that could cause stress or anxiety among participants. We maintained ethical principles of justice, non-maleficence, beneficence, and autonomy. Participants were given detailed information on the study objectives, benefits, and the right to opt out of the study without assigning any reason(s). To ensure participants confidentiality is protected, we made sure any information participants divulged remained strictly with the investigators. We ensured participants remained anonymous; their names and identifiable data were not collected. Verbal consent was obtained from each participant before administering the questionnaires.

3. Results

3.1. Participants demographics

The results in Table 1 show the participants' demographic characteristics. In all, 213 out of 387 participated in the study, constituting an 85.2 % response rate. Female participants were 55 %, and males were 45 %. Participants within the 30–39 year bracket were 56.8 %. Most participants (54.9 %, n = 117) were in the lower rank. Regarding educational level, 34.9 % (n = 84) were diploma holders, whereas 1.9 % (n = 4) were advanced diploma holders. A majority (n = 125, 58.7 %) of the participants had worked between 1 and 5 years as nurses, and 64.3 % (n = 137) had worked between 1 and 5 years in their current facility.

3.2. Nature of POP, job satisfaction, and job stress

The results in Table 2 show a POP composite mean score of 3.27 (SD = 0.75), whereas the composite means score of the subscales was: silent for benefits (mean = 3.29, SD = 0.89), general political behavior (mean = 3.24, SD = 0.96) and policy and practice (mean = 2.50, SD = 0.94) The composite mean score for job satisfaction was 3.48 (SD = 0.58) whereas the subscales were: internal satisfaction (mean = 3.87, SD = 0.78) and external satisfaction (mean = 3.08, SD = 0.73). Also, the job stress composite mean was 3.03 (SD = 0.79), and the subscales were: work requirements (mean = 3.28, SD = 1.04) and insufficient support (mean = 2.76, SD = 0.93).

3.3. Correlation between POP, job satisfaction and job stress

Table 3 shows a summarized result of Pearson correlations between job satisfaction, job stress, and components of organizational politics. General political behavior recorded a moderate but statistically significant negative correlation with job satisfaction ($r = -0.431, p < 0.01$) and correlated significantly positively with job stress ($r = 0.334, p < 0.01$). Silent and benefit negatively correlated with job satisfaction ($r = -0.418, p < 0.01$) and correlated positively with job satisfaction ($r = 0.451, p < 0.01$). policy and practice correlated negatively with job satisfaction ($r = -0.242, p < 0.01$) and positively with job stress ($r = 0.346, p < 0.01$).

Table 1
Participants characteristics.

Variable	N = 213	Percentage	Min	Max	Mean	SD
Age			21	56	31	4.75
20–29	72	33.8				
30–39	121	56.8				
40–49	15	7				
50–59	5	2.3				
Total	213	100				
Gender						
Male	96	45				
Female	117	55				
Total	213	100				
Professional Rank						
Enrolled Nurse, Staff Nurse, Senior Staff Nurse	117	54.9				
Nursing Officer	52	24.4				
Senior Nursing Officer	40	18.8				
Principal Nursing Officer	4	1.9				
Total	213	100				
Educational level						
Certificate	21	9.9				
Diploma	84	39.4				
Advanced Diploma	4	1.9				
First degree	80	37.6				
Masters	24	11.3				
Total	213	100				
Duration at facility						
1–5	137	64.3				
6–10	64	30				
11–15	12	5.6				
Total	213	100				

Source: field data 2022.

3.4. Effects of POP on job satisfaction

The results in Table 4 indicate a multiple regression analysis to ascertain the effect of POP significantly on the job satisfaction of nurses. The independent variables (general political behavior; silent and benefits; Policy and practice) jointly predicted a 9.7 % variance in nurses' job satisfaction ($R^2 = 0.097$, $F_{(3, 172)} = 6.077$, $p < 0.001$). When we further evaluated the impact of each variable on the model, all the variables were statistically significant predictors in the model. Thus, general political behavior ($B = -0.236$, $p = 0.011$), silent and benefits ($B = -0.240$, $p = 0.012$) and policy and practice ($B = -0.229$, $p = 0.013$). A unit increase in general political behavior; silent and benefits; and policy and practice significantly decrease job satisfaction of nurses by 0.236, 0.240, and 0.229 points respectively. This means that nurses who perceive a high level of general political behavior, silent and benefits; and policy and practices were likely to be dissatisfied with their job.

3.5. Effects of POP on job stress

In Table 5, we examined the impact of general political behavior; silent and benefits; and policy and practice on nurses' job stress. The independent variables (general political behavior; silent and benefits; and policy and practice) together accounted for a 22 % variance in job stress of nurses [$R^2 = 0.220$, $F_{(3, 171)} = 15.795$, $p < 0.001$]. We found that each independent variable significantly predicted job stress among nurses: general political behavior ($B = 0.225$, $p = 0.002$), silent and benefits ($B = 0.283$, $p = 0.021$), and policy and practice ($B = 0.492$, $p < 0.01$). This means that a unit increase in the mean score of general

Table 2
Responses on organizational politics, job satisfaction, and job stress.

Statement	N	Mean	SD
ORGANIZATIONAL POLITICS	210	3.27	0.75
General Political Behavior (composite mean score)	210	3.24	0.96
In this institution, no one dares to offend influential groups or individuals in the department.	213	3.00	1.27
In this institution, some people step on others to gain advantage for themselves.	213	3.54	1.24
In this institution, I have seen colleagues omit or give selective information to twist information other people needed to benefit themselves.	212	3.19	1.27
Silent for Benefits (composite mean score)	201	3.29	0.89
In this institution, it is best not to meddle in other people's businesses.	211	3.46	1.28
In this institution, sometimes it is better to remain silent than to resist the institution.	213	3.36	1.21
In this institution, sometimes it is better to tell people what they want to hear than to tell them the truth.	213	3.08	1.33
Policy and Practice (composite mean score)	210	2.50	0.94
In this institution, not one promotion I have experienced conformed to promotion policy regulations.	213	2.54	1.17
In this institution, salary and promotion regulations are not related to actual implementation.	213	2.59	1.12
In this institution, there is no clear rule on when hospital employees get promotions.	213	2.43	1.24
JOB SATISFACTION	210	2.93	0.58
Internal Satisfaction (composite mean score)	206	3.17	0.78
My work gives me the opportunity to show my abilities.	213	3.04	1.03
I gain a sense of accomplishment from my work.	213	2.72	1.11
I am satisfied with the self-growth that I get from work.	213	2.91	1.12
I have sufficient ability to carry out my present duties.	213	3.10	1.09
I feel that my work is very meaningful.	213	4.07	1.03
External Satisfaction (composite mean score)	205	2.69	0.73
I feel satisfied with the current work environment and equipment.	213	2.06	1.22
Compared with other hospital employees, I am satisfied with my current salary.	213	2.12	1.25
My current job offers me the opportunity for promotions.	213	3.11	1.07
I am satisfied with my interactions with institution colleagues.	213	3.06	1.07
When I have a good work performance, I am praised by others.	213	3.10	1.16
JOB STRESS	210	3.42	0.79
Work Requirements (composite mean score)	206	4.08	1.04
I often feel that my workload is too heavy.	213	4.16	1.23
I often feel that I have a lot of work stress.	213	4.06	1.18
I often feel that the amount of work means that I cannot complete it on time.	213	4.03	1.25
Insufficient Support (composite mean score)	204	2.76	0.93
I often feel that my work lacks opportunities for promotions.	213	2.95	1.16
I often feel that my work lacks decision-making participation.	213	2.51	1.20
I often feel that my supervisor does not give me sufficient support.	213	2.85	1.27

Source: field data 2022.

Table 3
Bivariate correlations of POP, job satisfaction and job stress.

Variables	1	2	3	4
1 General Political Behavior	1			
2 Silent and Benefits	0.314**	1		
3 Policy and Practice	0.254**	0.137*	1	
4 Job Satisfaction	-0.431**	-0.418**	-0.242**	1
5 Job Stress	0.334**	0.451**	0.346**	-0.254**

**p < 0.01 and *p < 0.05.

Table 4
Relationship between POP and job satisfaction.

Model 1	Standardized Coefficients		t-value	p-value	95.0 % Confidence Interval	
	B	Beta			Lower	Upper
(Constant)	7.524		18.583	<0.001	6.725	8.323
General Political Behavior	-0.236	-0.199	-2.569	0.011	-0.417	-0.055
Silent and Benefit	-0.240	0.194	2.543	0.012	0.054	0.426
Policy and practice	-0.229	-0.187	-2.519	0.013	-0.408	-0.049
Model Summary: R² = 0.097, F_(3, 172) = 6.077, p < 0.001						

a. Dependent Variable: Job Satisfaction Criterion level: $p < 0.05$.

Table 5
Relationship between POP and job stress.

Model 1	Predictors	Standardized Coefficients		t-value	p-value	95.0 % Confidence Interval	
		B	Beta			Lower	Upper
(Constant)		2.635		5.081	<0.001	1.611	3.658
General Political Behavior		0.372	0.225	3.104	0.002	0.135	0.609
Silent and Benefit		0.283	0.166	2.331	0.021	0.043	0.523
Policy and Practice		0.492	0.294	4.222	<0.001	0.262	0.721
Model summary: R² = 0.220, F_(3, 171) = 15.795, p < 0.001							

a. Dependent Variable: Job Stress Criterion level: $p < 0.05$.

pollical behavior is associated with increasing nurses’ job stress by 0.225 points. Also, an increase in the mean score of silent and benefits is linked to 0.283 points in job stress, while a unit increase in policy and practice mean score is associated with 0.492 points in nurses’ job stress.

4. Discussion

4.1. Participants characteristics

Fifty-five percent of the participants were female. This finding is congruent with similar findings, which indicate nursing is a female-dominated discipline (Ansa Ofei & Paarima, 2021; Ofei & Paarima, 2022; Ofei, Paarima, & Barnes, 2020; Paarima et al., 2021, 2022). Also, most participants were between 20 and 39 years old, with 31 being the modal age. This finding means there is a presence of a young cohort of nursing workforce in Ghana’s health sector. Our finding conforms with the work of Paarima, Kwashie, Asamani, and Ofei (2022), who reported similar findings in the Eastern Region of Ghana. We found varied educational levels among the participants, which depict the entering of nursing professionals in Ghana.

Furthermore, we found that most participants were in the junior rank. In addition, most participants had worked between 1 and 5 years in their facility. The educational level, professional rank, and length of service in the facility could significantly impact the degree to which they organizational politics. Younger nurses with shorter duration of service in a facility are more likely to be affected by perceived organizational politics as compared to their older counterparts. Older nurses who have worked for a long duration of service in a facility are likely to possess multiple coping strategies for dealing with organizational politics and may likely accept it as normal organizational events.

4.2. POP, job satisfaction, and job stress

Organizational politics have been linked to inappropriate behaviors among staff, and literature indicates that political behaviors are the main cause of polarization, dissent, and low morale. In the healthcare environment, leaders and staff behaviors that give rise to inequality and discrimination have been cited as an important cause of nurses’ dissatisfaction and poor performance (Akinwale & George, 2020; Basar & Basim, 2016). Such behaviors may also create mistrust and victimization, which can decrease job satisfaction and increase job stress among nurses. As POP assumes a functional part of the life of the healthcare

industry, it has become imperative to investigate its impacts on healthcare professionals, particularly nurses who represent a critical healthcare delivery workforce. Therefore, the main goal of our study was to understand the nature and impact of POP on job satisfaction and stress among nurses.

Generally, we found that there is a high POP among nurses. But because there is limited information on similar studies using nurses as participants, we were restricted in comparing the results with earlier studies. Nevertheless, the overall mean score of POP was high. Perception of workplace politics is high in our study compared to previous non-nurses as samples (Danish et al., 2014; de Clercq, Fatima, & Jahanzeb, 2021; Faye & Long, 2014).

Among the three subscales, we found that ‘silent and benefits’ was the highest-rated POP. This shows that when nurses encounter inappropriate decision-making or self-serving behavior, they will disregard the behavior, remain silent, and/or even take a “wait for benefits” approach. When nurses become silent in a hospital, it can undermine the decision-making and error-correction process. This can lead to various negative outcomes, such as blocking change, innovation and preventing positive or negative feedback to the management. As a result, the hospital will not benefit from nurses’ intellectual contributions, problems may not be identified, feedback may not be provided, information will not be obtained directly, and solutions to problems will be inadequate. Therefore, managers should create a safe environment where nurses and other staff are free to speak up without fearing victimization. Management should reward staff who come forward with sensitive information and establish a well-structured channel through which staff can speak up anonymously if they wish to do so.

Of the three subscales in the POP scale, our study’s findings established that nurses perceived a low level of organizational politics in the subscale for policy and practice. Nurses disagreed with the statement that ‘salary and promotion regulations are not related to actual implementation’ and ‘there is no clear rule on when hospital employees get promotions.’ This finding is expected because there is a policy document on staff salaries and promotions that hospitals are mandated to comply with. Because salary raises and promotions are organizational resources most staff value, management must strictly adhere to the salary and promotion guidelines to ensure each staff gets what is due him or her at the right time. When these guidelines are not followed, staff will resort to political activities (such as omitting information to twist information other people need to benefit themselves and even stepping on others to gain an advantage for themselves) to influence the outcomes of

promotions. This finding agrees with the work of [Chen et al. \(2017\)](#) and [Labrague et al. \(2017\)](#), in which nurses affirmed the existence of a clear salary and promotions policy preventing staff from resorting to political activities to influence the promotion and salary increments.

We found low-level job satisfaction among nurses. This finding is not surprising due to the numerous challenges confronting nurses in Ghana, including poor working environment, inadequate and obsolete equipment, and insufficient remuneration coupled with an increasing workload. Our finding is consistent with previous studies involving nurses who perceived low job satisfaction ([Chen et al., 2017](#); [Jäppinen, Roos, Slater, & Suominen, 2022](#); [Labrague et al., 2017](#); [Ojiabo & Alagah, 2017](#)). Studies among non-nurses working in organizations perceived to be highly political claimed they were dissatisfied with their job ([2020](#); [Donley, 2021](#); [Khan et al., 2022](#); [Mohd Yusof, Nur 'Atikah Zulkiffli, Falindah Padlee, & Ayuni Yusof, 2018](#)).

However, nurses in our study showed a high level of internal satisfaction. Nurses attached importance to their work which reflected in a high rating of 'I feel that my work is very meaningful.' Nursing is a people-centered profession and attaching a sense of meaningfulness to their work is considered a fundamental component of humanism. Nurses feel internally satisfied when patients under their care receive the best services and recover from their illnesses. Meaningful work creates favorable working environments that benefit healthcare delivery, work performance, and patient outcomes ([Pavlish, Hunt, & Carol Pavlish, 2012](#)). The study results show that nurses who find meaning in their work experience higher job satisfaction, leading to increased motivation and quality of care delivery. Therefore, nurses need to reflect on how they find meaning and satisfaction in their work and make decisions that lead to more meaningful work.

On the other hand, we found that nurses were externally dissatisfied with their current work environment. This finding implies that nurses working environment defines their level of satisfaction. An unfavorable work environment characterized by a high level of perceived workplace politics negatively impacts nurses' satisfaction. Others that define the nurse work environment include poor working relationships with other health professionals, inadequate resources, work-related stress, and workload. Therefore, healthcare leaders must create a positive environment for favorable nursing care delivery. A positive working environment is important in stimulating staff job satisfaction, especially in the healthcare setting, which is faced with constant strike actions due to poor work conditions. Similar findings have been reported previously ([Akinwale & George, 2020](#); [Donley, 2021](#); [Patrician et al., 2022](#)).

Our study found high levels of job stress among nurses. This finding suggests that the perception of organizational politics increased job stress among nurses. Increased job stress can lead to injury, poor health, reduced nurses' well-being, decreased quality and decreased efficiency. Stressed staff are less creative and easily provoked, affecting their satisfaction and productivity. Therefore, it is important for hospital managers to pay more attention to reducing the level of organizational politics through open/shared governance and shared decision-making processes. This finding is congruent with previous studies by [Labrague et al. \(2016\)](#), which reported that the staff becomes doubtful that they will be acknowledged, and their effort rewarded since they were excluded from decision-making.

Consistent with what is reported in earlier studies ([Kankam & Suleman, 2022](#)), we found that among the job stress subscales, work requirement was the highest, with nurses indicating they feel their workload is too heavy. This finding means that nurses' workload affects the level of job stress. Heavy workloads stem from high patient acuity and inadequate staffing level. Heavy workload affects the quality of life of nurses, decreases the quality of care, increases missed care, and increases medical errors made in the same context. Heavy workload also affects nurses' overall personal, professional, and job satisfaction. Given the grave consequences of a heavy workload, hospital managers must ensure the staffing level of nurses is consistent with the patient acuity of each unit/ward.

We also found that insufficient support was the least rated among nurses. This is reflected in their rating of the individual variables, with the lowest rated variable being 'I - often feel that my work lacks decision-making participation.' This implies that nurses actively participate in decision-making at the unit level. When nurses are involved in decision-making, it improves their confidence, quality of care, competencies, and organizational commitment. Being part of the decision-making deepens democratic values, increases teamwork, stimulates the work environment, and enhances staff performance and satisfaction. Active participation in taking decisions in a perceived politicking environment reduces the level of perception and motivates staff. This finding agrees with [Paarima et al. \(2022\)](#) and ([Asiri, Rohrer, Al-Surimi, Da'ar, & Ahmed, 2016](#)), who acknowledged that effective decision-making involving nurses improves commitment and productivity, reduces job stress, and increases satisfaction.

Our study found that general political behaviors; silent and benefits; and policy and practice jointly predicted a 9.7 % variance in nurses' job satisfaction. The finding means that POP higher level of POP results in a lower level of job satisfaction among nurses. It also reinforces the idea that POP is detrimental to nurses' job satisfaction. When some nurses are dissatisfied, their work performance is affected, which can increase the frequency of work disruption, missed care, and errors. Some nurses can express job dissatisfaction, whereas others tend to remain silent for fear of provoking problems in the work environment. Our findings are consistent with the work of [Chen et al. \(2017\)](#) involving nurses in which all three dimensions of the POP significantly predicted nurses' job satisfaction. Empirical evidence from a non-nurse population supports our findings ([Faye & Long, 2014](#); [Khan et al., 2020](#)).

Also, the study found that POP (general political behaviors; silent and benefits; and policy and practice) explained 22 % of nurses' job stress. This means that nurses who experience political behaviors at the workplace also experience job stress. Our finding is consistent with the reports of previous studies by [Saleem \(2015\)](#) and [Bashir et al. \(2019\)](#) that political perceptions of organizations are adversely associated with the behavior of individuals and attitudinal outcomes. Other authors [Khan et al. \(2020\)](#) show that the prevalent POP, in turn, leads employees to experience job stress, as has also been supported by our study. Whereas politics in the organization is not an approved organizational behavior, this current study has corroborated the belief that political perceptions cause stress that builds stressors among nurses.

5. Conclusion

We investigated the nature of POP and how it impacts nurses' job satisfaction and stress. Based on the findings of this study, it can be concluded that organizational politics is a determinant of high levels of job stress and low level of job satisfaction among nurses. Since POP negatively affects individual nurses and the organization's productivity, investigating strategies to reduce the effect of political behavior presents a big challenge to hospital managers. This call for a well-structured measure that will enhance both horizontal and vertical interactions among nurses is eminent. Thus, hospital managers should discourage and defuse political behaviors/activities by introducing transparency and accountability in nursing management, which holds promise for enhancing nurse satisfaction. Given this, nurses should be given equal opportunities to develop in their professions.

This study has examined the impact of POP on nurse job stress and job satisfaction. The study found that POP negatively affects job stress and satisfaction in nurses. The findings strengthened the contention that the prevalence of POP within the healthcare environment can trigger a negative reaction from the staff. Increased job stress and decreased job satisfaction in nurses can halt performance and productivity resulting in poor quality and efficiency of care. Therefore, hospital management should establish precautionary procedures and policies to tackle and eliminate political behaviors within healthcare organizations. These policies should include organization-directed and person-directed

measures such as continued professional development, the adequate orientation of new staff, improving the work environment, use of clinical ladders for promotions, and enhanced salary.

The results of this study offer a valuable perspective on this crucial organizational issue, which will ultimately help policymakers and nursing leaders develop plans to minimize the influence of POP and promote staff effectiveness and organizational productivity. This will challenge the hospital managers and nursing leaders in identifying potential contributing factors to POP, such as poor communication, vague policies, and poor employee feedback (Labrague et al., 2017; Abbas et al., 2014). Policies must be clear and consistent to build and promote trust in the organization. To develop a work environment where work happiness is optimized while reducing the level of POP, it may be particularly vital to analyze and revise current regulations in relation to staff professional advancements. As opportunities for professional development have been cited as critical to effectively minimizing organizational politics (Ferris et al., 2016), formulating personalized professional plans for nurses may help. Establishing transparency and accountability in hospital and nursing management will also improve nurses' trust towards other members of staff and management and increase equality within the organization. Finally, the formation of nursing administration and nursing unit representatives to discuss methods for shared governance is critical to reducing the level of POP.

6. Study strength

Our study has assessed the influence of organizational politics on nurses' stress and job satisfaction; findings reinforce the argument that the pervasiveness of political environment within the organization can trigger stress and job dissatisfaction among nurses. This situation can affect employee performance and productivity; therefore, management should take preventive measures to eliminate political behavior within organizational circuits. Furthermore, our study concluded that politics within organizations promote stress and decrease job satisfaction among nurses. This must be controlled to avoid stress and job dissatisfaction-related costs. Given the level of harmful effects brewing due to politics in the workplace, awareness of organizational political behaviors and their associated factors is essential to developing and implementing effective intervention strategies. Therefore, hospitals should also formulate policies and procedures to address political behavior in the clinical environment. Management should introduce training, seminars, and refresher courses to create awareness of organizational politics and its effects on the employees and the hospital as a whole.

7. Limitations and future directions

Although the study's findings have significant implications for care management, it is important to recognize its limitations. Firstly, our study is survey-based research with a cross-sectional research design, which often does not allow conclusions to be drawn about causality between study constructs. Longitudinal studies designs are mostly considered to be more appropriate designs for investigating causal relationships. So in future researches following longitudinal design will help to establish cause and effect the relationship among organizational politics, stress, and job satisfaction. Therefore, future studies utilizing longitudinal design will help to determine the cause and effect relationship between organizational politics, stress and job satisfaction. Secondly, we employed a self-administered questionnaire and excluded nurses from other regions; therefore, the findings may not be applicable to other regions. Future studies should consider expanding the setting to include other regions, private hospitals, faith-based hospitals, quasi-government hospitals, and specialized hospitals to allow for comparative analysis in order to understand the prevalence and effects of organizational politics across all levels of healthcare in the country. Another limitation concerns the use of self-determined minimum numbers of nurses when selecting hospitals. Because political behaviors manifest

regardless of hospital size and staffing levels, it is important that future studies focus on smaller healthcare facilities to observe changes. Finally, we examined stress from the perspective of work demands and inadequate support, so considering the perspective of psychological and physical stress in future studies will be an important approach for future researchers.

Author contribution statement

The authors confirm contribution to the paper as follows: study conception and design: YP; data collection: AAK; analysis and interpretation of results: YP and AMAO; draft manuscript preparation: YP. All authors reviewed the results and approved the final version of the manuscript.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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