Nurse bullying: a review of the literature

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Abstract : *Nurse bullying is a very common phenomenon which not only threatens the physical and mental health of nurses, but also affects the normal operation of nursing organizations, even threatens the safety of patients, and affects the healthy development of the whole nursing industry. This article demonstrates definition, prevalence, manifestations, perpetrators, targets and consequences of nurse bullying. It also discusses that the root causes of nurse bullying may be hierarchical management, the silent culture of the organization, the conniving of the managers, the obedience of the bullied, the fear of resistance, the lack of public attention to nursing bullying and the unsound law. In response, we recommend action and intervention to combat nursing bullying. For the nurses themselves, it is necessary to identify bullies and enhance their psychological quality. For managers, first of all, they should realize the harm of bullying to the whole organization, pay attention to the working atmosphere of the organization, and cultivate good working behaviors of employees. Secondly, managers should adopt a zero-tolerance policy for bullying and severely punish the perpetrators. Care should also be given to the victims so as not to cause more serious problems. As a colleague of the bully, it is necessary to support the bully's resistance, and it is even more important for witnesses to stand up for him. Peer support not only gives the victim courage and confidence, but also discourages the continuation of bullying. Of course, the most important measure is legislation. Other countries should learn from the laws of the UK and other countries and formulate corresponding nursing bullying laws based on their own national conditions to curb bullying behaviors at the root.*

Keywords :bullying，nurse bullying，review ，workplace bullying

I.   Introduction

As a special form of workplace violence, workplace bullying is considered as a serious form of it by the International Labor Organization(Yin,2017). Because of the friendly nature of the nursing profession, nurse bullying hasn't received much attention. Indeed, workplace bullying is more prevalent in workplaces where one gender is dominant(Wilkins,2014)and it is common in health-care sectors where the organizational culture is hierarchical (Hodgins,2014). Thus nurses are more vulnerable to workplace bullying. Nurse bullying is not a new problem because it has been long existing in the work environment. Some countries, such as the UK, have introduced relevant laws and policies to curb nurse bullying. In the UK, nurses and midwives must uphold standards set by the Nursing and Midwifery Council(NMC). These standards contains in a section on working cooperatively, stating that nurses should respect both the expertise and contributions of colleagues,maintain effective communication,keep them informed when sharing the care ofpatients and be supportive of colleagues who may be experiencing health or performancerelated problems (NMC,2015). However, China and other countries don't have such laws.

II.   Definition of bullying

Bullying goes by many names, including workplace bullying，horizontal violence, lateral violence, incivility in nursing and so on. While there are some subtle differences, the essential features are the same. Quine(Quine,2001) stressed that bullying has three common elements: intimidated persistently, a negative effect in terms of feeling abused, and is perceived by the recipient as bullying. Persistence refers to bullying generally lasting more than 6 months(Giorgi,2015). This characteristic is also the most significant difference from the casual violence in the workplace. Besides, there are several salient features of nursing bullying: the imbalance of power between bully and bullied; develops in nursing between peers; process, has the characteristics of dynamic development and gradually increased, this also is the difference between bullying and general violence ; implicit, is similar to psychological violence in nature , is a kind of invisible violence. However, there is no uniform definition of bullying. Aleassa defined it as unfavorable, systematic, repeated, and persistent actions directed toward an employee by one or more individuals at the workplace with the aim of offending, humiliating, and undermining this employee over six or more months(Aleassa,2014). According to Hauge,workplace bullying refers to the fact that an individual is subjected to repetitive negative behaviors (such as work suppression,

exclusion, contempt, etc.) of a single person or a group of people in the workplace for a period of time, resulting in physical and mental injury of the victim(Johan,2007). Japanese scholar Matsuo believe that the definition of bullying in the workplace depends on the social and cultural background of bullying(Matsuo,2008). Although there are different definitions, at present, all scholars have reached a consensus on the main characteristics of bullying, namely, repeatability, negativity and persistence(Zeng,2017).

III.   Prevalence of bullying

Sauer founded that since nurse bullying was reported in 1986 (Meissner,1986),there is still a disturbing prevalence of bullying within nursing in a range of countries（Hodgins,2014）. In 2004,Rutherford and Rissel investigated nurses of health-care organization in New South Wales, Australia, which indicated that 50% of the nurses reported being bullied one and more during a 12-month period(Rutherford,2004). A survey of 2950 nurses from health-care staff in seven National Health Service (NHS) trusts in the north east of England by Carter et al (Carter,2013) found that 20% had experienced bullying and over 40% had witnessed the bullying of other staff. In 2014, an American study showed that 48% of registered nurses admitted to having been bullied in the past 6 months, with 35% reported that they had experienced it on a weekly basis, and 28% reported that they had experienced it on a daily basis (Etienne,2014). In China, a study showed that 35.12 percent of the respondents had been bullied in the workplace in the past six months, and 3.72 percent of the respondents were seriously bullied (Xun,2011). Therefore,nurse bullying is a common phenomenon existed in many countries.

IV.   Nurse bullying behaviors

Nurse bullying manifests itself in many ways, such as belittling remarks, persistent criticism, humiliation, intimidation and inaccurate accusations(Moayed, 2006; Quine, 2001; Zapf, 2005). Carter's study identified the most common forms of bullying as having opinions and views ignored, colleagues withholding information which affects their performance, being given tasks with unreasonable or impossible targets or deadlines, being humiliated or ridiculed in their work and having key areas of responsibility removed and replaced with more trivial or unpleasant tasks(Carter, 2013). The other forms of bullying identified are 'moving of goalposts' in a person's work without informing them of the changes, preventing access to telephone and computer terminals, shouting at the staff member and threatening them with physical harm(Wilson,2016). In China, nursing bullying is mostly manifested as exerting work pressure without giving due authority, assigning heavy work and asking for overtime. Becher and Visovsky(Becher and Visovsky, 2012) and Moore et al (Moore,2013) both found that bullying may go unreported because it is not perceived. Some workplaces take destructive behavior among nurses as normal and therefore do not see it as something need to be challenged.

V.   Perpetrators and targets of bullying

Nurse bullying perpetrators exist in nursing organizations. Nurses in senior management positions such as charge nurses, nursing managers, and senior nurses are often the primary perpetrators(Moore,2013). Baltimore's research shows that nurses who are established staff member of a ward are the main perpetrators of bullying(Baltimore,2006). They tend to bully new nurses or rotating nurses who have not obtained permanent positions (Baltimore,2006). Bullying can also occur among colleagues, and it is often easier for aggressive nurses to bully.In a survey(Berry,2012), the perpetratorswere identified as being senior nursing colleagues 63% of the time, with 44% being staff nurses and 19% being in leadership positions such as director of nursing, manager, supervisor, charge nurse, nurse preceptor, and nurse educator. The phrase "nurse eats their young" is well known.It is a visual description of the severity of bullying in the field of nursing, as well as the fact that the victims of nurse bullying are often young graduates. Stokowski (Stokowski,2010) explains that new nurses are in a weak position, perhaps because they lack not only confidence and power of existence, but also a strong friendship among colleagues that can resist bullying.However, there are also studies showing that the characteristics of victims are not limited to new nurses.According to Dewitty et al(Dewitty, 2009), the average age of the victims is around 50.Still, researchers agree on the characteristics of the victim, including intelligence, competence, loyalty, integrity, accomplishment and dedication(Burnes, 2007).These characteristics may make them a threat to someone at a higher level.

VI.   Consequence of nurse bullying

Bullying not only has a negative impact on the physical and mental state of the victims, but also affects the normal operation of nursing organizations and the safety of patients, thus threatening the whole nursing industry. For the bullied, continued bullying may make them feel isolated, insecure, fearful, not valued, powerless, undermined and vulnerable (Burnes,2007). Quine reported several hazards of bullying, including anxiety, depression, and increased use of tobacco and alcohol(Quine,1999). Mckenna et al indicated that physical symptoms of bullying include weight loss, low self-esteem, fatigue, headaches, hypertension and angina (McKenna,2003). On top of that, bullying can cause nurses to commit suicide. A survey showed that 29%

of bullying victims contemplated suicide, and 16% had a plan in place for carrying it out (Workplace Bullying Institute,2012). These negative effects are bound to reduce the work enthusiasm of nurses, resulting in burnout and even a tendency to quit. One study founded that as the frequency of bullying increased, so did the likelihood of nurses leaving the organization. The turnover of nurses and the shortage of staff have forced medical institutions to recruit new nurses for transfer, which has increased the additional costs of medical institutions. Moreover, bullying impacts not only on the level of the organization, but also on the nursing profession itself. According to a study by Johnson and Rea, nurses who had been bullied at work were three times more likely to leave the nursing profession than those who had not been bullied (Johnson,2009). In addition, bullying poses a threat to patient safety.Wilson and Phelps found that nurses who were bullied may be more inclined to engage in dangerous behavior, rather than asking colleagues for help, including moving debilitated patients on their ownand using equipment that was unfamiliar to them(Wilson,2013).Studies have even found that nurse bullying may be related to a patient's mortality (Aiken,2012).

VII. Root causes of bullying

First, hierarchical management is the basis for bullying. The hierarchical system will inevitably lead to the imbalance of power, and the employees not feelingempowered promoted to bullying (Sauer,2012).Many institutions have created a culture of silence, avoiding or treating bullying as normal. Gaffney et al points out the existence of this silent culture in many institutions in the United States (Gaffney,2012).China, with its Confucian emphasis on harmony, is even more silent.Some managers even acquiesce, protect and support those who behave in this way, which undoubtedly contributes to the epidemic of bullying. Szutenbach suggests that bullying is a learned behavior, and that bullies may have been bullied by teachers in school and become accustomed to bullying in the workplace (Szutenbach,2013).What's more, the bullied may be more likely to bully their colleagues. A study showed that bullied socialized them into the expectation that they will become bullies themselves towards their colleagues(Curtis2007; Randle 2003).Furthermore, bullying is often not reported because of a belief that it would useless or for fear of retaliation. According to Mckenna et al, nearly 50% of bullying were not reported, with fear of retaliation listed among the possible reasons for underreporting(McKenna,2003). Bullied fear that fighting will cost them their jobs, and witnesses fear that supporting a fight will involve them and affect their careers.Not only are nurses awareness biased, but the public awareness is also blind to bullying. There is much public attention to school bullying. In contrast, nurse bullying is rarely reported in the mass media. The reason may be that nursing is considered a caring and compassionate profession, and the public is reluctant to believe that such a caring profession can be bullied. Obviously, the public and nurses are aware of bullying because of their own culture.Bullying is rarely studied in China, which may have something to do with the traditional Chinese culture that values harmony and tolerance.However, some countries with a strong sense of democratic rights protection, such as Britain, have introduced laws to effectively control nurse bullying and guarantee the rights of nurses.The introduction of national laws and policies is undoubtedly one of the most effective measures, which also suggests that those countries that lack laws on the nursing profession should pay attention to the importance of laws.

VIII. Actions and interventions to combat bullying

The most important first step in dealing with bullying for an individual is to identify and acknowledge being bullied(Murray,2009). The recipient may not recognize the behavior at first and consider it normal.They may be perceived by colleagues or family members as overly sensitive, unresponsive, tactful, or with different types of management style.If the behavior persists for more than six months or causes a range of symptoms, such as anxiety, sleep disturbances, eating disorders, weight lossor even suicidal thoughts, it's something to watch out for. Of course, the nurse's own psychological quality can also affect bullying outcomes. The study found thatnurses with positive beliefs had an advantage in fighting bullies(Wilkins,2014).Positive beliefs allow you to see adverse condition as a challenge rather than a threat.Managers are the biggest obstacle and the most effective tool to stop bullying.For managers, the first step is to be aware of the harm bullying can do to the entire nursing establishment.Pay attention to the construction of supportive working atmosphere, cultivate employees' good professional behavior including mutual respect, positive communication, open conflict and so on(Becher,2012).Managers should act promptly to deal with the occurrence of bullying by nurses, adhere to a zero-tolerance policy, and severely punish the perpetrators of bullying.At the same time, it is necessary to pay attention to the victims, which can effectively reduce the harm of bullying.Colleagues are also key to stopping bullying, and inaction and silence keep it going(Murray,2009).As the witness of the bully, colleagues should bravely stand up and support the bullied to resist, because blindly indulging and tolerating the bully will only make the bully worse and worse, and eventually the bully may affect more people including themselves.Peer support also gives the bullied confidence and courage, which is important for mitigating negative consequences and preventing bullying from continuing.Finally, the most effective way to stop bullying is to make laws.All NHS organizations in the UK are required to develop policies on bullying and harassment for easy access and

reporting(NHS,2006).As a special kind of workplace bullying, the law should specify how long and what the consequences of bullying should be punished and the degree of punishment. Of course, once there is a law on nurse bullying, public awareness of nurse bullying will naturally increase.

IX.   Conclusion

It is apparent that bullying in nursing is an issue that has been present for many years and still continues. Reported bullying rates vary from country to country, with about 20% to 50% of nurses experiencing workplace bullying. Bullying goes by many names, including workplace bullying, horizontal violence, lateral violence, incivility in nursing and so on. Though there is no uniform definition of bullying, scholars have reached a consensus on the main characteristics of bullying, namely, repeatability, negativity and persistence. Nurse bullying manifests itself in many ways, such as belittling remarks, persistent criticism, humiliation, intimidation, inaccurate accusations, having opinions and views ignored, being given tasks with unreasonable or impossible targets or deadlines, having key areas of responsibility removed and replaced with more trivial or unpleasant tasks. Nurses in senior management positions such as charge nurses, nursing managers, and senior nurses are often the primary perpetrators. The victims of nurse bullying are often young graduates. Hierarchical management is the basis for bullying. Some managers acquiesce, protect and support perpetratorsthat undoubtedly contributes to the epidemic of bullying. And bullying is a learned behavior that victims may have been bullied by teachers in school and become accustomed to bullying in the workplace. Furthermore, bullying is often not reported because of a belief that it would useless or for fear of retaliation. But most importantly, the lack of laws has led to bullying. Bullying not only has a negative impact on the physical and mental state of the victims, but also affects the normal operation of nursing organizations and the safety of patients, thus threatening the whole nursing industry. So actions and interventions need to be taken to combat bullying. The most important first step in dealing with bullying for an individual is to identify and acknowledge being bullied. Once a range of symptomssuch as anxiety, sleep disturbances, eating disorders, weight loss or even suicidal thoughts appear, vigilance is needed. Of course, the nurse's own psychological quality can also affect bullying outcomes. This warns nurses to strengthen their psychological quality and cultivate positive beliefs to see adverse condition as a challenge rather than a threat.For managers, the first step is to be aware of the harm bullying can do to the entire nursing establishment.Pay attention to the construction of supportive working atmosphere, cultivate employees' good professional behavior including mutual respect, positive communication, open conflict and so on. Managers should act promptly to deal with the occurrence of bullying by nurses, adhere to a zero-tolerance policy, and severely punish the perpetrators of bullying.As the witness of the bully, colleagues should bravely stand up and support the bullied to resist. Peer support also gives the bullied confidence and courage, which is important for mitigating negative consequences and preventing bullying from continuing.Finally, the most effective way to stop bullying is to make laws. Each country should learn from the laws of other countries, formulate bullying laws suitable for their own national conditions, and promote the healthy development of nursing profession.

References

[1].   Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2012). Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. Medical Care, 49(12), 1047-1053.

[2].   Aleassa, H. M. & Megdadi, O. D. (2014). Workplace bullying and unethical behaviors: a mediating model. International Journal of Business & Management, 9 (3), 157–169.

[3].   Baltimore J. (2006) Nurse Collegiality: Fact or Fiction? Nursing Management, 28-36.

[4].   Becher, J., & Visovsky, C. (2012). Horizontal violence in nursing. Journal of the Academy of Medical-Surgical Nurses, 21(4), 210-232.

[5].   Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice nurse productivity following workplace bullying. Journal of Nursing Scholarship, 44(1), 80-87.

[6].   Burnes, B., Pope, R. (2007). Negative Behaviors in the Workplace. International Journal of Public Sector Management, 20(4), 285-303.

[7].   Carter, M., Thompson, N. J., Crampton, P., Morrow, G., & Illing, J. (2013). Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. BMJ Open, 3(6).

[8].   Curtis, J., Bowen, I., & Reid, A. (2007). You have no credibility: nursing students' experiences of horizontal violence. Nurse Education in Practice, 7(3), 156-163.

[9].   Dewitty, V. P., Osborne, J. W., Friesen, M. A., & Rosenkranz, A. (2009). Workforce conflict: What's the problem? Nursing Management, 40(5), 31-37.

[10].   Etienne, E. (2014). Exploring workplace bullying in nursing. Workplace Health & Safety, 62(1), 6-11.

[11].   Gaffney, D. A., Demarco, R. F., Hofmeyer, A., Vessey, J. A., & Budin, W. C. (2012). Making things right: nurses\" experiences with workplace bullying—a grounded theory. Nursing Research and Practice, 2012, 1-10.

[12].   Giorgi, G., Mancuso, S., Fiz Perez, F., Castiello D"Antonio, A., Mucci, N., & Cupelli, V., et al. (2015). Bullying among nurses and its relationship with burnout and organizational climate. International Journal of Nursing Practice, 22 (2), 160–16.

[13].   Xun, H. J.&Liu, H. X. (2011).A study on the correlation between workplace bullying and job satisfaction and burnout in clinical nurses. Chinese Nursing Management,11(8), 71-73.

[14].   Hodgins, M., Maccurtain, S., & Mannix-Mcnamara, P. (2014). Workplace bullying and incivility: a systematic review of interventions. International Journal of Workplace Health Management, 7(1), 54-72.

[15].   Johan H, L., Skogstad, A., & Einarsen, S. (2007). Relationships between stressful work environments and bullying: results of a large representative study. Work & Stress,21(3), 220-242.
[16].   Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. Journal of Nursing Administration, 39(2), 84-90.
[17].   Matsuo. (2008). What can we do to prevent bullying?: from the view point of educational and counseling psychology. Journal of Japanese Association of Health Consultation Activity, 3(1):21-25.
[18].   McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: Experiences of registered nurses in their first year of practice. Journal of Advanced Nursing, 42(1), 90-96.
[19].   Meissner, J. E. (1986). Nurses: are we eating our young?. Nursing, 16(3), 51-53.
[20].   Moayed, F. A., Daraiseh, N., Shell, R., & Salem, S. (2006). Workplace bullying: a systematic review of risk factors and outcomes. Theoretical Issues in Ergonomics Science, 7(3), 311-327.
[21].   Moore, L. W., Leahy, C., Sublett, C., & Lanig, H. (2013). Understanding nurse-to-nurse relationships and their impact on work environments. Official journal of the Academy of Medical-Surgical Nurses, 22(3), 172-179.
[22].   Murray, J. S. (1900). Workplace bullying in nursing: a problem that can't be ignored. Official journal of the Academy of Medical-Surgical Nurses, 18(5), 273-276.
[23].   Quine, L. (2001). Workplace Bullying in Nurses Journal of Health Psychology 6(1),73- 84.
[24].   Quine, L. (1999). Workplace bullying in NHS community trust: Staff questionnaire survey. British Medical Journal, 318, 228-232.
[25].   Randle, J. (2003). Bullying in the nursing profession. Journal of Advanced Nursing, 43(4), 395-401.
[26].   Rutherford, A. , & Rissel, C. . (2004). A survey of workplace bullying in a health sector organisation. Australian Health Review, 28(1),65-72.
[27].   Sauer P. (2012). Do Nurses Eat Their Young?Truth and Consequences. Journal of Emergency Nursing 38(1),43-46.
[28].   Stokowski, L. A. (2010). A matter of respect and dignity: Bullying in the nursing profession. Retrieved from http://www.medscape.com/viewarticle/729474
[29].   Szutenbach, M. P. (2013). Bullying in nursing: roots, rationales, and remedies. Journal of Christian Nursing, 30(1),16-23.
[30].   Wilson,B.L., & Phelps,C. (2013). Horizontal hostility:A threat to patient safety.Journalof Nursing Administration's Healthcare Law, Ethics,and Regulation, 15(1), 51-57, 58-59.
[31].   Wilkins, J. (2014). The use of cognitive reappraisal and humour as coping strategies for bullied nurses. International Journal of Nursing Practice, 20(3), 283-292.
[32].   Wilson, J. L. (2016). An exploration of bullying behaviors in nursing: a review of the literature. British journal of nursing (Mark Allen Publishing), 25(6), 303-306.
[33].   Yin, D.D. (2017). Correlation Study between Workplace Bullying and Professional Identity in the Junior Nurses.University of Ji Lin.
[34].   Zapf, D. & Einarsen, S. (2005). Mobbing at work: escalated conflicts in organizations. American Psychological Association, Washington, DC, 237–270.
[35].   Zeng ,Y. & Wang, J. N. (2017). Research progress on relationship between workplace bullying and post-traumatic stress disorder in clinical nurses.Chinese Nursing Research,31(31), 3909-3911.
[36].   Nursing and Midwifery Council (2015) The Code. professional standards of practice and behaviour for nurses and midwives. London. NMC publications.
[37].   National Health Service Confederation (2006) NHS Employers Guidance - Bullying and Harassment. London, NHS Confederation Company Ltd.
[38].   Workplace Bullying Institute. (2012). Research studies. Retrieved from http://www.workplacebullying.org/multi/pdf/WBI-2012-IP-D.pdf.