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The Silent Epidemic: Understanding the Concept of Workplace Bullying Among Nurses

Abstract

The concept of workplace bullying has been explored extensively in other disciplines but not in nursing. This paper is a concept analysis that explores what workplace bullying is among nurses, looks at its attributes and characteristics, and matches previous evidence on the consequences of this incidence. Review of literature was conducted using the EBSCO and Googlescholar databases. Findings suggest that there are personal and professional costs from the victims and the organization when work place bullying is practiced. Thus, examining this topic further may develop nursing research and education, benefiting nursing workplace and work environment.

Introduction

Workplace bullying between nurses has been a subject of ongoing concerns for decades. Its enduring impact is reflected throughout numerous articles and statements in nursing journals. Moreover, it is now viewed as a vital concern as it is increasingly visible and prevalent in this century. This paper aims to illuminate workplace bullying among nurses, examine its attributes and characteristics, and compile previous evidence of the significance of this incidence. Further, implications are provided that maybe of use in determining this workplace problem.

Definitions

Universally, there is no agreed upon accepted definition of workplace bullying. However, there are considerable amount of surrogate terms used to describe the phenomena. For instance, authors called it workplace aggression (Edward, Ousey, Warelow, & Lui, 2014), relational aggression (Ruler, 2015; George & Davis, n.d.),

horizontal violence (Becher & Visovsky, 2012), lateral violence (Embree & White, 2010), workplace violence (Park, Cho, & Hong, 2014), and workplace harassment (Vessey, DeMarco, & DiFa, 2011) to name a few. In this paper, the term, "bullying" is chosen over other terms since it is well understood by the general public.

In the legal and industrial relations literature, the incidence includes three elements: frequency, impact on health, and mistreatment (Workplace Bullying Institute, 2009). Similarly, Einarsen, Hoel, Zapf, & Cooper (2004) positioned that bullying at work means harassing, offending, socially excluding someone or negatively affecting someone's work tasks. In order to label bullying, the process has to occur repeatedly and regularly (e.g. weekly) and over a period of time (e.g. about six months), in which the victim ends up in an inferior position and becomes the target of systematic negative social acts. In addition, it does not count as workplace bullying if the incident is an isolated event or if two parties of approximately equal 'strength' are in conflict.

Nursing organizations characterizes it as mistreatment that undermines the nurse's ability to succeed leaving them feeling hurt, frightened, angry or powerless (American Nurses Association, 2015); repeated unreasonable behavior that creates a risk to the psychological, physical health or safety of the nurse (Australian Nursing Federation, 2011); and can be in the forms of be overt, such as in physical, verbal (i.e., threats that result in personal injury or harm and intimidation), financial and sexual behaviors; or they can be covert, such as in neglect, rudeness, humiliation in front of others and withholding information (CNA & CFNU, 2008). Nurse authors, Becher & Visovsky, (2012) considers this as "hostile, aggressive, and harmful behavior by a nurse or group of nurses toward a co-worker or group of nurses need not to be in equivalent power since this harmful behaviors can be expressed via attitudes, actions, words and/or behaviors.

Clearly, all of the above definitions of workplace bullying revolve around the presence of a perpetrator and a victim. The repeated, cumulative, and patterned form of negative behaviors results in a profound negative impact on the victim and organization.

Literature Review

The concept of workplace bullying in nursing surfaced in the late 1970s. Kohnke &Duldt (as cited from Szutenbach, 2013) spoke of the vulnerability of nurses in low-level positions, who were often recipients of verbal abuse. These nurses felt unable to defend themselves because of fear of losing their jobs. A decade later, nursing professor, Helen Cox (as cited in Lutgen & Sypher, 2009), began studying verbal abuse in medical settings when it appeared to be driving away gifted nursing students. Around the same time, highly visible occurrences of workplace bullying sparked a flood of research that extended into the next two decades. Johnson (2013) later concluded that this problem is prevalent in nursing at a higher rate than the general population of workers and Murray (2009) named this as "the silent epidemic" in nursing.

Research on the prevalence of bullying among nurses had limited generalizability as seen in many nursing journals. Arguably, the influence of culture, government-controlled or fragmented and competitive health systems, fears of litigation, or acceptance of longstanding attitudes (e.g., "nurses eat their young") and roles of professional nurses in the larger society cannot be discounted (Vessey et al., 2011). Additionally, workplace bullying among nurses often goes unrecognized and under-reported because of the non-existence of policies to resolve the issue (American Nurses Association, 2015), fruitless standards of practice within the organization (CNA & CFNU, 2008), lack of organizational support (Becher & Visovsky, 2012); and vulnerability to abuse of contract basis nurses (Nelson, Azevedo, Dias, de Sousa, & de Carvalho, 2014).

Literature however, revealed multidimensional factors of the incidence. Nonetheless, these were limited to correlation of workplace bullying to stress, anxiety and depression (El-Houfey, El-Maged, Elserogy, & El Ansari, 2015); association of trust, justice and work demand with workplace violence (Park, Cho, & Hong, 2014), frequency and exposure to verbal abuse from co-nurses (NasrEsfahani & Shahbazi, 2014); relationship of bullying and low wage structure (Nelson et al. 2014); gender difference on the frequency and severity of physical assaults and aggressive encounters among nurses (Edward et al., 2014); domains and organizational factors that enable bullying acts among nurses (Hutchinson, Wilkes, Jackson, & Vickers, 2010); and the impact on the quality of care provided by bullied nurses (Vessey, DeMarco, & DiFa, 2011). Despite differences in methodology, most agreed that the higher frequency of bullying is common in young nurses, due to lack of experience, poor organizational conditions, such as role ambiguity, role conflict, work-overload, staff shortages, long working hours, and lack of control or gaps in communication networks. Incidentally, most of these studies lack the rigor of instruments and methodology that really capture what workplace bullying is in nursing.

Without a doubt, nurses are less likely to perform at their best skill level perpetuated by workplace bullying (Ruler, 2015). Instead of the compassion, respect and dignity that they would provide to patients, workplace bullying brings poor quality patient care and outcomes. In effect, workplace bullying can lead to

medication errors (Stelmaschuk, 2010), unsafe patient care and adverse patient outcomes (Johnson, 2013) and increased operational costs through liability (Adams & Maykut, 2015).
Certainly, the need for interventions and presumptive actions on the incidence is greatly acknowledged. Efforts such as implementation of zero tolerance policy and professional code of conduct (Center for American Nurses, 2008); implementation of multistage (primary, secondary, tertiary) prevention programs (Vessey, DeMarco, & DiFa, 2011); assessments and meditative actions to diffuse conflict (Szutenbach, 2013); addressing policies,training's and employers liability (Australian Nursing Federation, 2011); promotion of code of ethics, labor codes, and inclusion of workplace bullying and violence to the occupational, health regulations (CNA & CFNU, 2008) are among the developments recommended to address the incidence.

Internet based review of literature was conducted using the EBSCO and Googlescholar search databases. By doing so, the prerequisite, characteristics, similarities or variances, and consequences of workplace bullying were identified.

Prerequisite to Bullying

Antecedents are the events that need to take place prior to the occurrence of the concept (Walker & Avant, 1999).

There has to be a perpetrator for an incident to be identified as workplace bullying. Einarsen et al. (2004) expounded that "individual antecedents" may also involve the personalities of bullies and victims. This standpoint presents a wide range of concepts relating to personality factors. For instance, in literature 'abrasive' and 'authoritarian' personality were used to describe bullies. Victims on the other hand, were described as cautious, sensitive, quiet, anxious, and insecure. However, there is no monotony of personality such as the "victim personality" or the "bully personality" for every case of bullying.

Defining Characteristics/Attributes

Defining attributes are a list of characteristics of a concept that appear repeatedly when reviewing the literature. They help you name the occurrence of the concept as differentiated from a similar concept (Walker & Avant, 1999).

Research has repeatedly demonstrated misuse of power as a mechanism through which bullying acts are initiated. In nursing where hierarchy and seniority is valued, nurses with administrative functions are often the perpetrators. Also, the repetition of unreasonable or inappropriate behavior from an individual or group is an equally important ingredient in the incidence. Acts are intentional or unintentional but are expected to victimize, humiliate, undermine or threaten an employee. Lastly, organizational actions explain how bullying is addressed in the workplace. Apparently, bullying reports among nurses are either trivialized or disbelieved. It is considered as simply a part of the job of nurses. Moreover, it is feasible that other workers may be socialized into norms tolerant of the bullying which enable repetitive, patterned and even escalates the situation (Hutchinson et al., 2010). For instance, bystanders or witnesses in association with other factors are willing to tolerate or engage in bullying (Einarsen et al., 2004).

Consequences

Consequences are the events or incidents that occur as a result of the occurrence of the concept (Walker & Avant, 1999). Summarizing what the literature had presented, personal and professional costs were identified.

Bullied nurses experience low self-esteem, depression, self-hatred, and feelings of powerlessness (Australian Nursing Federation, 2011); high levels of stress and anxiety (El-Houfey et al. , 2015); physical symptoms such as chronic stress, high blood pressure, and increased risk of coronary heart disease (Lutgen & Sypher, 2009). Evidently, victims reduce their participation and avoid involvement in activities (Hutchinson et al.,2010) and experience disastrous effects on their family functioning, relationships, communication leading to negative patient outcomes.

Professional costs involve the victim and the organization. For the victim, it involves impediment of skills, technical knowledge, and experience because of distress and career avoidance. For the organization, costs could be in terms of employees, who enter and then leave shortly afterward or having less confident cadre of workers with fewer occupational options and fewer organizationally valued assets.

Case Presentsation 1: Model Case

This case, including all the defining attributes and no other attributes, is an absolute instance of the concept (Walker & Avant, 1999).

A nurse was hired on a contractual basis in the pediatric oncology unit. Despite her expertise and a history of excellence in the area of practice, she is accused by her co-workers of being incompetent. In terms of patient assignments, she was given workloads that she could not handle, when she tried to talk it over to her supervisor, she was told that she should be able to handle it because she has master's degree. One day, her co-worker teasingly called her “taga-sundo” (grim reaper) after coincidentally, there have been higher incidence of patient mortality on her shift. The name eventually was attached to her and soon everyone on the unit called her that. The nurse eventually would withdraw from the patients' rooms during code and would stay on the nurses' station or keep herself busy with stable patients. The supervisor who observed this behavior eventually got angrier and accused the nurse of not doing her job. One particular day, on a staff meeting the unit supervisor addressed that her behavior is not acceptable and that she should be able handle dying patients because it's all a part of the job. She tearfully stated that the name calling and the unfair staff practices were deeply affecting her and her performance. The supervisor eventually stated that “talagang ganyan dito masanay ka na” (“that's how things work here better get used to it”). The supervisor narrated that this is the custom of the unit and that she herself and the regular staff members had gone through it. In the open her fellow staff agreed to the supervisors comment while laughingly continuing to call her Ms. “Tagasundo”. Without a word, the nurse waited for the meeting to be over and filed for her resignation the next day.

Case Presentation 2: Contrary Case

A contrary case is a clear example of what the concept is not (Walker and Avant, 1999).

Lorena, a newly graduate nurse was hired in a psych-rehab institution. In orientation, she admits she had self-doubt and fears dealing with psychiatric patients and drug dependents. Her co-workers provided reassurance and assisted her in interventions she had difficulty with. In times of difficult endeavors with her personal and professional life, her superiors and co-workers were there to support her. She was amazed by how her superiors dealt with issues surrounding the members of the healthcare team. She felt safe, belongingness, empowerment and found contentment in her work. In the years that went by, she was promoted as nursing supervisor; she employed the leadership strategies from those who were before her. She felt that she truly is making a difference.

Case Presentation 3: Borderline Case

A borderline case is a case that contains some of the defining attributes of a concept but not all of them (Walker & Avant, 1999).

Al, a new graduate nurse was doing a volunteer work in the public health unit. He was assigned to a preceptor who is well known to be lazy and demanding. Al patiently gave in to the demands of his preceptor who would sometimes ask for favors that are not related to the job. A co-worker observed this incident and reported it to the medical health unit officer. The officer immediately resolved the problem. The staff was given a warning and necessary sanction. The officer recognized this problem stating that this behavior is not tolerated in his unit. Al was reassigned to a new preceptor and was able to complete his volunteer work. Later on he was offered a job order status, which he gladly accepted.

Case Presentation 4: Related Case

Related cases are instances of concepts that are similar to the concept being studied but do not contain the critical attributes (Walker & Avant, 1999).

The following case is an example of bullying but not in the workplace. A teenager with autism is enrolled by his parents in a regular school because of financial difficulties maintaining him under special education requires. Often, the child is teased by his classmates because of his odd ways of presenting his tantrums. This went on for months; in one particular school event, a classmate punched the child for no apparent reason. The teacher saw this problem and reported it to the school supervisor. A meeting was set where the parents of both the victim and the bully were invited. During the meeting, the bully's father got angry and told the other parent to “man-up” his child. The supervisor intervened and told the other parent that this child is a “special child”. The child was invited and the parents of the bully apologized for their child's behavior. The solution sought was to return the autistic child to a special education school, with the financial aid from a non-government organization referred by the school supervisor.

Case Presentation 5: Invented Case

An invented case is a case that uses the ideas of the concept but outside our own experience (Walker & Avant, 1999).

Cinderella was orphaned by her parents and left in the guardianship of her stepmother. She felt unloved as her stepmother and stepsisters took advantage of her kindness and obedience by making her perform alone all the household and farm choirs. When a particular task is not performed, she is reprimanded and punished. However, when it does, it was never enough to satisfy her stepmother and sisters. Her home, that was once where she used to feel secured, loved, and cared, turned to a dreadful place of work and unjust environment of shame and belittlement.

Implications to Nursing Practice

Firstly, we must address the bullying is existent in any organization and profession but in nursing it has become a culture. Generation after generation, this incidence repeats itself as a cycle, and we have to acknowledge the fact that certain actions and interventions unique to the profession and distinctive to the characteristics of workplace bullying must be made, reinforced and acted upon. Secondly, research should create a consensus definition and characteristics of what workplace bullying is in the profession. This way, the incidence and prevalence of workplace bullying is monitored. Perhaps, future studies, may strengthen its methodological rigor, clear its definitions, include the full scope of the bullying cycle, use instrumentation with sufficient psychometric evaluation, and increase response rates. Lastly, given the consequences, no single intervention is likely to resolve workplace bullying, especially if it has become cemented and widespread in the workplace culture. Possibly, the abundance of recommendations from past studies, nursing organizations and policy makers may serve as benchmark for trial and adaptation.

Conclusion

Workplace bullying in nursing remains a complex issue that needs further exploration. On the whole, recognition of the problem among managers, hospital administrators and nurses themselves is greatly needed. Therefore, creating a safe working environment where nurses thrive and not merely survive, should be required.

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