

RESEARCH



Nursing & Health Sciences Research Journal

Journal homepage: <https://scholarlycommons.baptisthealth.net/nhsrj/>

Exploring Perceptions of Workplace Bullying in Nursing

Eve Butler, Andrea Prentiss, and Flora Benamor

ABSTRACT

Introduction: Bullying is experienced by all levels of nurses and in all practice settings. The impact of bullying in the workplace environment can have significant negative effects on morale and may lead to increased turnover. As a result of a referral to the Nursing Quality Council for bullying, the Nursing Quality and Caring Council set forth to explore bullying in the workplace. The purpose of this study was to identify registered nurse/clinical partner perceptions of the frequency and prevalence of bullying in the workplace and to assess registered nurses' (RNs) experiences of bullying by physicians, coworkers, patients and direct supervisors.

Methods: Using a descriptive cross sectional survey design, RNs were offered two surveys; the Nursing Incivility Scale (NIS) and the Negative Acts Questionnaire (NAQ). Clinical Partners were offered the NAQ only.

Results: Participants included 386 RNs and 98 clinical partners (CPs). Nurses reported patient and families take their frustrations out on the nurse as the highest score on the Nursing Incivility Scale. Both RNs and CPs reported being exposed to an unmanageable workload as the number one source of bullying in the Negative Acts Questionnaire. Overall, the results revealed 31% of participants reported experiencing bullying on some level within the last 6 months.

Discussion: The results of this study support the literature suggesting bullying continues to be present in the workplace. These findings support the need for an organizational action plan designed to eliminate bullying in the workplace.

Keywords: *nurse incivility, workplace bullying, nursing, negative acts questionnaire, nurse incivility scale*

INTRODUCTION

Definition

Horizontal violence was first described in the nursing literature approximately 30 years ago and is described as a persistent occupational hazard within the global nursing workforce (Vessey, DeMarco, & DiFazio, 2010). The original explanation for the behavior was that it was prevalent in nursing and was related to a lack of power of nurses in the workplace (Roberts, 1983).

Many different terms have been used interchangeably describing bullying, including, horizontal violence, horizontal hostility, lateral violence, mobbing, eating your young, and psychological harassment (Ayasreh, I., R., Youssef, H.

A., Fedaa A. Ayasreh, F. A., 2015). The Task Force on the Prevention of Workplace Bullying (2001) defines workplace bullying as "repeated inappropriate behavior, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work" (p. 11). Bullying is associated with a perpetrator at a higher level or authority gradient, for example, nursing supervisor to staff nurse (Center for American Nurses, 2008). Incivility is differentiated from bullying with the absence of power differential between the victim and the perpetrator (Guidroz, Burnfield-Geimer, Clark, Schwaetschenau, & Jex, 2010). Bullying or lateral violence is a more intense and

more destructive than incivility; all are related to decreased job satisfaction and retention as well as burnout in nursing (Laschinger, Leiter, Day, & Gilin, 2009).

Dellasega (2009) describes bullying as repeated efforts to inflict emotional or physical harm upon another person which can occur between friends and peers. A real or perceived threat of power can also manifest in bullying behavior. Relational aggression refers to a type of bullying engaging psychological and social behavior (Raskauskas & Stoltz, 2004) and is typically seen in female children. Boys and men tend to use physical violence as expressions of aggression. Females use humiliation, character insults, betrayal of trust, and rejection or exclusion as relational aggression behavior (Rys & Bear, 1997). Dellasega (2009) feels relational aggression may be a better term describing the frequently used lateral or horizontal violence as the latter refers to aggression between people at the same level. Relational aggression can extend beyond working hours, in person, through social media, and between people at different levels. She suggests the most prevalent form of bullying among nurses is that of relational aggression because the majority of nurses are female; approximately only 6% are males (Center for American Nurses, 2008). Contrary to these results, Wright and Khatri (2015) found male nurses experienced higher amounts of bullying in the workplace than females.

Consequences

Bullying in the workplace has serious overreaching consequences within the healthcare environment. The cost to members of the health care team may include debilitating psychological problems, a wide range of stress symptoms (Iglesias & de Bengoa Vallejo, 2012; Rodwell & Demir, 2013), actual physical disease, low self-esteem, depression, low job satisfaction and productivity, and decreased morale (Dehue, Bolman, Vollink, & Pouwelse, 2012; Rodwell & Demir, 2013). Organizations may experience high rates of absenteeism and staff turnover (Johnson & Rea, 2009; Laschinger & Fida, 2014; Roberts, 2015) and may affect nursing recruitment and retention (Roberts, 2015; Rodwell & Demir, 2013; Simon, 2008; Wilson, Diedrich, Phelps, & Choi, 2011).

Nursing

Recognizing little attention has been paid to the consequences of bullying, The Joint Commission (2008) issued a sentinel event alert on the effects of disruptive behaviors cautioning healthcare organizations on the risk to patient safety. Health care organizations were required to have an implemented process addressing intimidating and disruptive behavior in the workplace. Research is limited relating

to nurse-nurse bullying with little conducted in the United States; the majority emanated from European countries and Australia (Dellasega, 2009). The Joint Commission alert has heightened the awareness of the need to conduct research not only for nurse-to-nurse bullying, but for bullying across disciplines as well.

Laschinger (2014) investigated the impact of subtle bullying and incivility on 336 Canadian nurses' perceptions of risk to patient safety. They hypothesized incivility and higher levels of bullying from all members of the health care team would result in higher patient safety concerns due to poor communication. Instruments used included the Negative Acts Questionnaire, Workplace Incivility Scale, Patient Safety Risk tool, Nurse-Assessed Adverse Events, and Perception of Patient Care Quality. Consistent with their hypotheses, they found significant direct and indirect effects on nurse-assessed adverse events and perceptions of patient care quality.

Vessey, Demarco, Gaffney, and Budin (2009), in an earlier yet very relevant study, used a descriptive survey design with 303 nurses across the United States to investigate bullying perceptions and examples of bullying behavior. They found approximately 70% of the bullying was reported by staff nurses. Reports from this group identified that bullying occurred most frequently in medical-surgical (23%), followed by critical care (18%), emergency department (12%), operating room/Post Anesthesia Care Unit (9%), and obstetrical (7%) care areas. Findings also indicated bullying occurred within five years or less of working on a unit (57%). In descending order, perpetrators were identified as senior nurses (24%), charge nurses (17%), nurse managers (14%), and physicians (8%). Behaviors were described as isolation, public humiliation, feeling excluded, and excessive criticism. Participants described their stress levels as moderate or severe and found support not from organizational solutions but from family, friends, and colleagues. Many of the participants left their jobs.

A descriptive survey was used to measure the occurrence of horizontal violence (HV) and nurses' knowledge of HV among 2659 New York State registered nurses in 19 facilities (Sellers, Millenback, Ward, & Scribani, 2012). The majority of participants (57%) worked at nonunion hospitals; seven of the facilities had Magnet® designation. The majority (61%) reported there was no formal HV organizational policy and about one third or RNs felt the policy was not enforced in those organizations with a policy. Participants in nonunion organizations, the majority of which were Magnet organizations, demonstrated significantly less knowledge of HV and less experience with being a victim. Nurses with more years of experience had more frequent knowledge of HV and more experience as an HV victim. Higher education and fe-

male gender correlated with knowledge and experience of HV.

Taylor (2016) conducted a qualitative study in two inpatient hospital units with 120 participants to explore perceptions of horizontal violence. Five themes developed from data analysis: minimized and unrecognized behaviors, fear inhibits reporting, coping strategies of isolation and avoidance, lack of respect and support, and organizational chaos. The majority of the observed and reported behavior identified (89%) was that of overt conduct. Behaviors included eye rolling and making faces; snide, rude, demeaning comments; hoarding or hiding supplies, withholding information deliberately; setting others up for failure; excluding others from communication; blaming others; backstabbing; gossiping; or sharing private information. These results are consistent with those by Sellers et al. (2012) indicating nurses do not recognize behaviors of horizontal violence.

Literature supports nurse-nurse bullying as a problem yet it continues to be under addressed in organizations. The first steps to correcting the problem is to identify the state of affairs in the entity. Although internationally recognized, its impact is minimized by many institutions resulting in a culture of silence ultimately hindering solutions (Vessey, DeMarco, Gaffney, & Budding, 2009). The specific aims of this study were to (a) identify the prevalence and (b) identify the perceptions of bullying within the work environment. The research questions were as follows: (1) What are the registered nurse/clinical partner perceptions of the frequency, intensity and prevalence of bullying in the workplace? (2) What are the registered nurses' experiences of bullying by physicians, coworkers, patients, and direct supervisors? (3) Is there a difference in perceptions of bullying by RNs and Clinical Partners?

METHODS

Study design and setting

A cross-sectional descriptive survey was used for this study. Recruitment occurred in a 650 bed community not for profit hospital. The hospital is a four time Magnet® designee and employs approximately 1,500 nurses.

Human subject protection

The study received approval from the Institutional Review Board for Human Subjects' Research.

Sample

Registered nurses (approximately 1,000) and clinical partners (approximately 300) were invited to participate in a pencil and paper survey via email and flyers. Surveys were distributed to all nursing units and

non patient care areas where nurses and clinical partners worked. Participants were instructed to return the completed survey to a secure collection box located on their unit, or if they wanted to, place their survey in a collection box on another unit. The survey took approximately 15 minutes to complete and remained open for four weeks.

Measures

To test perceptions of bullying, registered nurses were administered two surveys, the Nursing Incivility Scale (NIS) and the Negative Acts Questionnaire (NAQ). Clinical Partners were offered the NAQ only. The NIS developed by Guidroz, Burnfield-Geimer, Clark, Schwetschenau, and Jex (2010) is a 43 item questionnaire divided into five sources of incivility: general environment, nurse, supervisor, physician, and patient. The term patient is representative of patients, patient's families, and visitors. Using a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree) participants were asked how much they agreed with each statement regarding their experience with incivility. Higher scores on the NIS indicate the perception that there is increased incivility in the workplace. All subscales revealed acceptable reliability as described by their internal consistency coefficients (Cronbach's alpha) ranging from .81 to .94.

Developed by Einarsen et al (2009), the NAQ consists of 22 items measuring frequency, intensity, and prevalence of negative behaviors in the workplace in addition to whether or not you had been bullied within the previous six months. Einarsen et al. (2009) define bullying as:

A situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions.

Using a Likert-type scale of 1-5, participants are asked to rate the frequency of negative acts experienced over the previous six months. A score of 1 indicates the absence of the experience, while a 5 indicates the experience occurs on a daily basis. Higher scores indicate greater perceived exposure to workplace bullying. Reliability was high with Cronbach's alpha ranging from .87 to .93.

DATA ANALYSIS PROCEDURES

Survey findings were analyzed using the Statistical Package for the Social Sciences (IBM SPSS Statistics for Windows, Version 19.0. Armonk, NY: IBM Corp.). Descriptive statistics were calculated

ed and included frequencies, percentages, mean, and standard deviations. A Mann-Whitney U test was used to test for differences in perceptions of bullying between RNs and CPs.

RESULTS

A total of 386 nurses (27 of those being a nurse leaders), and 98 clinical partners responded to the survey. The majority of participants were female (92%), had greater than 15 years of experience (48%), followed by 1-5 years of experience (21%), 11-15 years of experience (18%) and 13% with 6-10 years of experience. The majority of nurses held a Bachelors (57%) or Masters (27%) degree.

Nurse incivility

Findings from the NIS revealed patients and visitors taking out their frustrations on the nurse was the most frequently reported source of bullying. Respondents rated supervisors and managers as the most infrequent source of bullying overall. Table 1 indicates the mean scores and standard deviations of the most significant concepts of incivility by source identified by nurses.

Table 1

Most Significant Concept of Incivility by Source

Source	Concept	<i>M</i>	<i>SD</i>
General	Employees don't stick to appropriate noise level	3.2	1.24
Nurse	Nurses gossip about one another	3.1	1.32
Supervisor	Supervisor factors gossip and personal information into personal decisions	1.74	1.06
Physician	Some physicians are verbally abusive	2.95	1.28
Patient	Patients and families take out frustration on nurses	3.24	1.35

Prevalence of bullying

Over all the mean scores on the NAQ for nurses and clinical partners combined were low. Exposed to an unmanageable workload was identified as the most frequently experienced negative act (mean score of 1.72). Table 2 shows the mean scores and standard deviations of the top five identified negative acts, in rank order, from the most frequent to the least frequent.

When participants were asked if they experience bullying within the last six months, 68% of respond-

Table 2

Top Five Negative Acts

Question	<i>M</i>	<i>SD</i>
Being exposed to unmanageable workload	1.72	1.16
Being ordered to do work below your level of competence	1.58	1.07
Someone withholding information which affects your performance	1.55	.97
Excessive monitoring of your work	1.51	1.
Spreading gossip and rumors about you	1.48	.94

ents reported no. However, 5% did experience bullying on a regular basis (Figure 1).

While overall scores for negative acts were low, a Mann-Whitney U test revealed significant differences between RNs and CPs perceptions of nine of the negative acts (Table 3).

DISCUSSION

Findings from the NIS revealed patients and visitors taking out frustrations on the nurse was the most important source of bullying and is consistent with ANA's (2014) survey findings. Conversely, respondents rated supervisors and managers as the most infrequent source of bullying which is in contrast to studies identifying supervisors and managers as the most common source of bullying (Johnson & Rae, 2009; Carter, et al. 2013; Etienne, 2014).

Low mean scores on the NAQ suggest participants did not perceive a negative working environment. This may be a result of working in a four time designated Magnet® organization. Magnet® organizations are known for higher nurse satisfaction and decreased burnout as compared to non magnet hospitals (Kelly, McHugh, & Akin, 2011). Conversely, the low scores may be related to embedding of bullying in the nursing culture where nurses do not recognize it as such when they witness or experience it (Sellers, Millenback, Ward, & Scribani, 2012) or fear of being honest. Despite the low mean scores on both the NIS and NAQ, the results of this study support the literature suggesting bullying of nurses continue to be present. While 68% of respondents reported no bullying within the last six months, 5% did experience bullying on a regular basis. The Workplace Bullying Institute (2010) has suggested

Figure 1

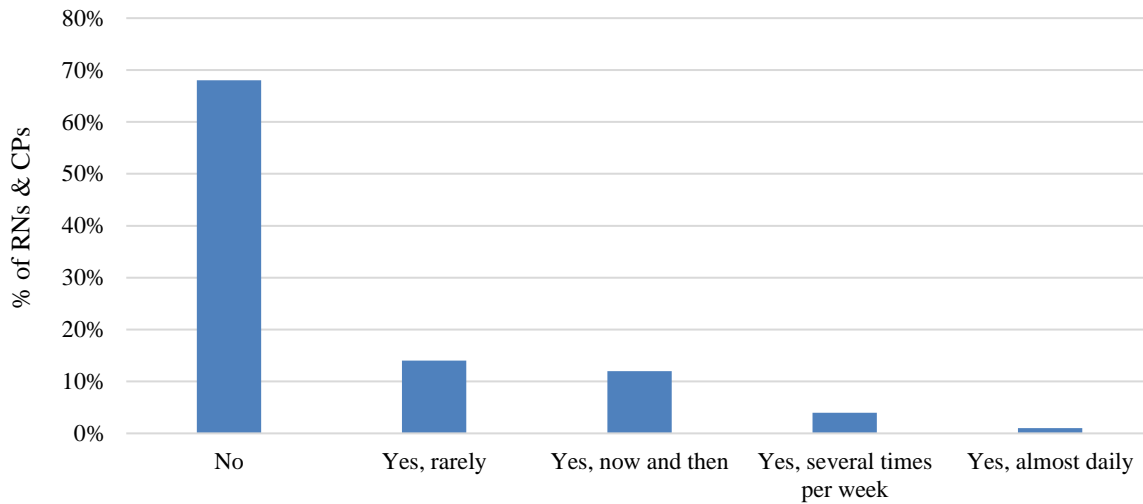
Perception of Being Bullied in the Last 6 Months

Table 3

Negative Acts with Significant Differences between RN and CP

	RN		CP		<i>p</i> value
	Mean Rank	N=	Mean Rank	N=	
1. Being humiliated or ridiculed in connection with your work.	215.9	349	252.9	98	.001
2. Being ignored, excluded or being sent to Coventry.	217.3	351	246.5	95	.008
3. Having insulting or offensive remarks made about your person, your attitudes, or your private life.	218.8	353	243.5	94	.019
4. Hints or signals from others that you should quit your job.	218.3	353	251.5	97	<.001
5. Repeated reminders of your errors or mistakes.	218.4	353	251.3	97	.001
6. Being ignored or facing a hostile reaction when you approach.	217.7	348	242.	97	.018
7. Persistent criticism of your work and effort.	217.9	348	239.3	96	.044
8. Having allegations made against you.	218.7	349	240.9	97	.023
9. Being the subject of excessive teasing and sarcasm.	218.7	350	243.3	97	.012

bullying is experienced by all levels of nurses and in all practice settings. Our findings of a low reported incidence of bullying was consistent with their study findings of a slightly lower reported incidence of bullying in nursing studies than the general working population.

LIMITATIONS

This study used a cross-sectional design which inherently may be susceptible to non-response bias. Individuals who decided to participate in the study may have felt safe to participate as they had not personally experienced high levels of bullying. Conversely, individuals that experienced bullying may not have participated because of fear of being identified.

CONCLUSION

The purpose of this research was to identify perceptions of the frequency, prevalence, and source of bullying within the organization. The mean scores on the NIS and NAQ were not indicative of bullying. Furthermore, 68% of respondents reported no bullying within the last six months however, 5% did experience bullying on a regular basis. Although this number may appear to be low, any incidence of bullying is too much. The American Nurses Association, in a statement on violence in health care workplaces, declared the nursing profession “will no longer tolerate violence of any kind from any source (2015). Despite the low mean scores on both the NIS and NAQ, the results of this study support the literature suggesting bullying of nurses continues to be present. Identification of these behaviors are the first step in creating a culture change. Implementation of evidence-based strategies designed to prevent and reduce workplace bullying are integral to maintain a healthy work environment. Evidence-based strategies to consider include bullying awareness campaigns, educational programs incorporating videos and role playing, and development of policies and procedures for identifying and addressing bullying.

DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

AUTHORS

Eve Buttler, PhD, RN, Nurse Scientist, Baptist Hospital of Miami, Miami Cancer Institute, Baptist Health South Florida, Miami, FL, US.

Correspondence regarding this paper can be directed at EveB@baptisthealth.net

Andrea Prentiss, PhD, MSN, ARNP, CNS, Nurse Scientist, Baptist Hospital of Miami, Miami Cancer Institute, Baptist Health South Florida, Miami, FL, US.

Flora Benamor, BSN, RN, CGRN, Expert RN, Baptist Hospital of Miami, Miami, FL, US.

REFERENCES

- American Nurses Association. (2015, April, 6). *ANA panel aims to prevent violence, bullying in health care facilities*. (Press release). Retrieved from: <http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2015-NR/ANA-Panel-Aims-to-Prevent-Violence-Bullying-in-Health-Care-Facilities.html>
- Ayasreh, I. R., Youssef, H. A., Ayasreh, F. A. (2015). Perception of nurses toward horizontal violence in health care settings in Taif City, Saudi Arabia. *International Journal of Science and Research*, 4(4), 1017-1023. Retrieved from https://www.researchgate.net/publication/274897179_Perception_of_Nurses_toward_Horizontal_Violence_in_Health_Care_Settings_in_Taif_City_Saudi_Arabia
- Carter, M., Thompson, N., Crampton, P., Morrow, G., Burford, B., Gray, C., & Illing, J. (2013). Workplace bullying in the UK NHS: A questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*, 3, e002628. doi: 10.1136/bmjopen-2013-002628
- Center for American Nurses. (2008). *Lateral Violence and Bullying in the Workplace*. Retrieved from <http://29891.bbnc.bbcust.com/document.doc?id=52>
- Dellasega, C. (2009). Bullying among nurses. *American Journal of Nursing*, 109 (1), 52-58.
- Dellasega, C. (2011). When nurses hurt nurses: Recognizing and overcoming the cycle of bullying. Indianapolis, IN: Sigma Theta Tau International.
- Dehue, F., Bolman, C., Vollink, T., & Pouwelse, M. (2012). Coping with bullying at work and health related problems. *International Journal of Stress Management*, 19(3), 175-197. doi: 10.1037/a0028969
- Einarsen, D., Hoel, H., & Notelaers, G. (2009). Measuring bullying and harassment at work: Validity, factor structure, and psychometric properties of the Negative Acts Questionnaire – Revised. *Work & Stress*, 23(1), 24-44.
- Etienne, E. (2014). Exploring workplace bullying in nursing. *Workplace Health and Safety*, 62(1), 6-11. doi:10.3928/21650799-20131220-02
- Guidroz, A. M., Burnfield-Geimer, J. L., Clark, O., Schwaetschenau, H. M., & Jex, S.M. (2010). The Nursing Incivility Scale: Development and validation of an occupation-specific measure. *Journal of Nursing Measurement*, 18(3), 176-200.
- Iglesias, M. E. L., & de Bengoa Vallejo, R. (2012). Conflict resolution styles in the nursing profession.

- Contemporary Nurse*, 43, 73-80. doi: 10.5172/conu.2012.43.1.73
- Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: concerns for nurse leaders. *Journal of Nursing Administration*, 39(2), 84-90. doi:10.1097/NNA.0b013e318195a5fc
- Kelly, L. A., McHugh, M. D., & Aiken, L. H. (2011). Nurse outcomes in Magnet® and non-magnet hospitals. *Journal of Nursing Administration*, 41(10), 428-433. doi: 10.1097/NNA.0b013e31822eddbb
- Laschinger, H. K. S. (2014). Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. *The Journal of Nursing Administration*, 44(5), 284-290. doi: 10.1097/NNA.000000000000068
- Laschinger, H. K., Leiter, N., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, 17(3), 301-311. doi: 10.1111/j.1365-2834.2009.00999.x
- Raskauskas, J., & Stoltz, A. (2004). Identifying and intervening in relational aggression. *The Journal of School Nursing*, 20 (4), 209-21. doi: 10.1622/10598405(2004)020[0209:IAIIRA]2.0.CO;2
- Roberts, S. (1983). Oppressed group behavior: Implications for nursing. *Advances in Nursing Science*, 5(3), 21-30.
- Roberts, S. J. (2015). Lateral violence in nursing: A review of the past three decades. *Nursing Science Quarterly*, 28(1), 36-41. doi: 10.1177/089431841455861
- Rodwell, J., Demir, D., & Theol, P. S. (2013). Psychological and organizational impact of bullying over and above negative affectivity: A survey of two nursing contexts. *International Journal of Nursing Practice*, 19, 241-248. doi:10.1111/ijn.12065.
- Rys, G. S., Bear, G. G. (1997). Relational aggression and peer relations: Gender and developmental issues. *Merrill-Palmer Quarterly*, 43(1), 87-106.
- Sellers, K. F., Millenbach, L., Ward, K., & Scribani, M. (2012). The degree of horizontal violence in RNs practicing in New York State. *The Journal of Nursing Administration*, 42(10), 483-487. doi: 10.1097/NNA.0b013e31826a208f
- Simon, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*, 31(2), 48-59. doi:10.1097/01.ANS.0000319571.37373.d7
- Task Force on the Prevention of workplace Bullying (2001). *Report of the Task Force on the Prevention of Workplace Bullying*. Dublin: Government Publications.
- The Joint Commission (2008). Sentinel event alert: behaviors that undermine a culture of safety. Retrieved from http://www.jointcommission.org/assets/1/18/SEA_40.PDF
- Taylor, R. (2016). Nurses' perceptions of horizontal violence. *Global Qualitative Nursing Research*, 3, 1-9. doi: 10.1177/2333393616641002
- Vessey, J. A., Demarco, R., & DiFazio, R. (2010). Bullying, harassment, and horizontal violence in the nursing workforce: The state of the science. *Annual Review of Nursing Research*, 28, 133-157.
- Vessey, J. A., Demarco, R. F., Gaffney, D. A., & Budin, W. C. (2009). Bullying of staff registered nurses in the workplace: A preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing*, 25(5), 299-306. doi: 10.1016/j.profnur.2009.01.022
- Wilson, B. L., Diedrich, A., Phelps, C., & Choi, M. (2011). The impact of horizontal hostility in the hospital setting and intent to leave. *Journal of Nursing Administration*, 41(11), 453-458. doi: 10.1097/NNA.0b013e3182346e90
- Workplace Bullying Institute. (2010). *U.S. Workplace Bullying Survey*. Retrieved from <http://www.workplacebullying.org/wbiresearch/2010-wbi-national-survey/>
- Workplace Bullying Institute. (2013). *Workplace Bullying Survey: Bullying by Industry*. Retrieved from <http://www.workplacebullying.org/multi/pdf/WBI-2013-Industry.pdf>
- Workplace Bullying Institute. (2014). *U.S. Workplace Bullying Survey*. Retrieved from <http://www.workplacebullying.org/multi/pdf/WBI-2014-US-Survey.pdf>
- Wright, W., & Khatri, N. (2015). Bullying among nursing staff: Relationship with psychological/behavioral responses of nurses and medical errors. *Health Care Management Review*, 40(2), 139-147. doi: 10.1097/HMR.0000000000000015