Exploring Perceptions of Workplace Bullying in Nursing

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Methodology

- Study design: Descriptive Cross Sectional Survey
- Inclusion criteria: RNs and Clinical Partners working at Baptist Hospital of Miami
- IRB approval was obtained for Exempt status
- RNs were offered two surveys, the Nursing Incivility Scale (NIS) and the Negative Acts Questionnaire (NQA). Clinical Partners were offered the NQA only.
- The NIS developed by Guidroz, Burmfield-Geimer, Clark, Schwetschenau, and Jex (2010) is a 43 item questionnaire divided into five sources of incivility (General, Nurse, Supervisor, Physician, and Patient). Participants were asked how much they agree, with each statement on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). All subscales revealed acceptable reliability and validity with Cronbach’s alpha ranging from .81 to .94.
- The NQA developed by Einarsen et al (2009), consists of 22 items and was developed for measuring perceived exposure to bullying in the workplace. Reliability and validity is high with Cronbach’s alpha ranging from .87 to .93.

Results

- The findings from this study support the literature suggesting bullying of nurses continues to be present in the workplace.
- The negative act chosen most often by respondents was ‘exposed to unmanageable workload’ (37.5%).
- Findings from the NIS reveal patients and visitors taking out frustrations on the nurse was the most frequently reported source of bullying, consistent with ANA’s survey (2014). Respondents rated supervisors and managers as the most frequent source of bullying which is in contrast to studies identify supervisors and managers as the most common source of bullying (Johnson & Rae, 2009: Carter, et al. 2013; Etienne, 2014).
- Overall, 68% of respondents reported no bullying within the last six months. However 5% did experience bullying on a regular basis.
- While there was a response rate of 37%, the remaining 63% of nurses/clinical partners who were eligible did not participate resulting in a limitation to the study. This may have been a result of the sensitive nature of the topic.

Purpose

- To identify registered nurse/clinical partner perceptions of bullying in the workplace.
- To assess registered nurses’ experiences of bullying by physicians, coworkers, patients and direct supervisors.

Background

- Bullying is experienced by all levels of nurses and in all practice settings. The numbers are slightly lower than the general working population where 35% report experiences of bullying. (Workplace Bullying Institute, 2010)
- A recent ANA survey of 3,765 registered nurses and nursing students, revealed 43% of respondents had been verbally and/or physically threatened by a patient or family member. Additionally, 24% of respondents have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014).
- A study of student nurses reported that 53% had been put down by a staff nurse (Longo, 2007).
- Sa and Fleming (2008) found one in six nurses (13%) reported being bullied in the past six months.
- Data collected from 511 newly licensed registered nurses revealed 31% of respondents reported bullying within the previous six months. (Simons, 2008)
- Johnson & Rea (2009) found most of the respondents reported being bullied by the charge nurse, manager, or director.
- Bullying has also been linked to high rates of nurse turnover (Simon, 2008) and intent to leave one’s current position (Johnson & Rea; 2009; Simons, 2008).
- Using the Negative Acts Questionnaire, Etienne (2014) reported 48% of nurse respondents acknowledged being bullied in the workplace in the previous 6 months.

Discussion

- Components of the action plan should include: (1) Educational programs on what is and how to identify incivility and bullying in the workplace. (2) Bullying prevention programs. (3) Creating a culture of respect. (4) Development of a zero tolerance policy.

Implications for Nursing

- The findings from this study support the need for an organizational action plan designed to eliminate bullying in the workplace.

Acknowledgements

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References available on request.
Results

Number of Participants by Role

- Nurse: 359
- Nurse Leader: 27
- Clinical Partner: 98

Gender

- Male: 395
- Female: 82

Number of Years of Experience

- <1: 0%
- 1-5: 25%
- 6-10: 20%
- 11-15: 15%
- >15: 5%

Nurse Incivility Scale

<table>
<thead>
<tr>
<th>Source of Incivility</th>
<th>Subscale</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Don’t stick to appropriate noise level</td>
<td>3.2 (1.24)</td>
</tr>
<tr>
<td>Nurse</td>
<td>Nurses gossip about one another</td>
<td>3.1 (1.32)</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Factors gossip and personal information into personal decisions.</td>
<td>1.74 (1.06)</td>
</tr>
<tr>
<td>Physician</td>
<td>Some are verbally abusive.</td>
<td>2.95 (1.28)</td>
</tr>
<tr>
<td>Patient</td>
<td>Take out frustrations on nurse</td>
<td>3.24 (1.35)</td>
</tr>
</tbody>
</table>

Nurse Incivility Scale

Number 1 Concept Per Source

Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree)

Percent of Self-Reported Bullying Within the Last 6 Months

- No: 68%
- Yes, rarely: 14%
- Yes, now and then: 12%
- Yes, several times per week: 4%
- Yes, almost daily: 1%

The Top Four Negative Acts Experienced by Respondents

<table>
<thead>
<tr>
<th>Negative Act</th>
<th>Now and Then or Monthly (%)</th>
<th>Weekly or Daily (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed to unmanageable workload</td>
<td>26.6</td>
<td>10.9</td>
</tr>
<tr>
<td>Withholding information that affects your performance</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>Having your opinions and views ignored</td>
<td>26.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Ordered to do work below your level of competence</td>
<td>22.1</td>
<td>9.4</td>
</tr>
</tbody>
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Source of Incivility