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of the literature**

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An Exploration of Bullying Behaviours in Nursing: a review of the literature

Abstract

This article explores bullying behaviours in nursing in the United Kingdom and other countries, why it happens and suggests actions to prevent or combat it. Bullying involves intentional and repeated psychological violence humiliating and isolating staff from colleagues. Current literature reports that 20-25% of nursing staff experience bullying behaviour.

The main perpetrators are nurses in a senior position to those being bullied and colleagues who are established staff members. Those likely to be bullied are students and new staff members. Bullying can cause distress and depression, with up to 25 per cent of those bullied leaving their jobs or the profession, and have an impact on patient care.

Factors contributing to bullying are hierarchical management and employees not feeling empowered. Silence and inaction by managers and colleagues allows this behaviour to continue. A zero tolerance and the addressing of this behaviour clearly and promptly by managers should be instigated. Staff being bullied should be supported by colleagues

Key Phrases

- An average of 20- 25% of nurses in a range of countries report that they have experienced bullying behaviours in their work setting.
- Common behaviours identified are being humiliated, having information withheld which is needed to perform their work and given unreasonable targets and deadlines to meet
- Main impact is psychological distress, depression and a negative impact on patient care.
- There needs to be a zero tolerance and prompt action by colleagues and managers to combat and eradicate bullying behaviours in nursing

Key Words

Workplace bullying, Incivility in nursing, Horizontal violence, nurse to nurse relationship

There are no conflicts of interest

Introduction

Nursing is a profession perceived to involve the provision of compassionate care to both patients and families and is frequently referred to as a caring profession (Ashker, Penprase and Salman 2012). In the United Kingdom (UK) professional standards which nurses and midwives must uphold are set by the Nursing and Midwifery Council (NMC). These standards are detailed in the Code: Professional standards of practice and behaviour for nurses and midwives (NMC, 2015) which contains 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 of patients and be supportive of colleagues who may be experiencing health or performance related problems. Following the results of a survey showing bullying behaviours were experienced by 10% of staff in the National Health Service (NHS) guidance was issued to employers in 2006 that all NHS organisations should have bullying and harassment policies in place (NHS Confederation 2006).

This article explores the literature on bullying behaviours in nursing both in the UK and other countries, what this type of behaviour involves and what can be done to prevent or combat it.

Search Strategy

The existing literature was systematically searched using three databases. These were; the Current Index of Nursing and Allied Health Literature (CINAHL), Medline and Psychinfo. Together these databases were thought to provide an extensive range of texts relevant to this topic. Reference lists from the texts found were used to identify additional relevant literature. Limits included articles relevant to the topic, those which were peer reviewed and articles written in the English language. No limits were placed on the year of publication in order to ascertain if this is a long standing or recent issue. Key terms used were: 'workplace bullying', 'incivility in nursing', 'horizontal violence' and 'nurse to nurse relationships'

The search resulted in 422 articles from CINAHL, 317 articles from Medline and 756 from Psychinfo. These results were then refined by adding the limitation of 'nursing staff' which reduced the number of articles found to 26, 24 and 23 respectively from the three databases.

Articles were rejected due to being repetitions to those found in another of the databases or not directly relevant to the topic. This resulted in a total of 28 articles to be included in this review.

Background

Bullying is defined by Rodwell and Demir (2012) as a situation which occurs over a period of time where individuals perceive themselves to experience negative actions and behaviours from others. This can be carried out by one individual or several and the person being bullied has difficulty defending themselves from the abuse they experience.

Quine (2001) recognised three common elements present in bullying; a negative effect in terms of feeling abused, intimidated and stressed, it is persistent, and is perceived by the recipient as bullying.

Do nurses eat their young? was a question asked in 1986 by Meissner who used this specific phrase to refer to how some established nurses treated students and newly qualified nurses. Although there were some exceptions, Meissner reported that there were many instances of experienced staff who instead of being supportive and caring, actually sought out opportunities to ridicule new staff and students for idealistic views and their lack of experience and knowledge which the established staff had gained over many years. Szutenbach (2013) pointed out, it is difficult to comprehend how nurses can be caring and compassionate with patients yet attack and bully their colleagues. A range of expressions are used to describe the negative and destructive behaviours some staff exhibit towards their colleagues. Cahu et al (2014) described it as moral harassment, Visovsky as horizontal violence and (Khadjehturian 2012) as incivility .

Incidence of bullying

Workplace bullying has been recognised as a serious issue affecting nurses by a number of authors (Murray 2009, Rodwell and Demir 2012, Roberts et al 2009). Sauer (2012) asked the same question as Meissner (1986) and found that over twenty years later there is still a disturbing prevalence of bullying within nursing in a range of countries.

Two studies from Australia (Roche et al 2010 and Hegney et al 2010) reported the incidence of nurse to nurse bullying as ranging from 14.7% to 21.7% and studies in

the United States of America (USA) (Vessey et al 2009 and Johnston et al 2010) found rates of 23% and 27.3% respectively.

Cahu et al (2014) surveyed 259 nurses in Brazil to investigate the incidence and experiences of what these researchers referred to as moral harassment. This resulted in over 40% of respondents reporting experience of this type of behaviour from colleagues. Duncan et al (2001) found that 19% of nursing staff in Canada had been subject to workplace aggression within the last year and a Turkish study (Yildirim 2009) reported that 21% of 286 nurse participants had encountered bullying behaviour within the previous twelve months. A study in the United Kingdom (UK) by Quine (2001) resulted in reports from 44% of the 1100 respondents that they had experienced bullying behaviours during the previous year. Carter et al (2013) received 2950 responses to questionnaires from healthcare staff in seven National Health Service (NHS) trusts in the north east of England concerning the prevalence and impact of bullying on healthcare staff. This study involved a range of healthcare staff of which over 600 were nurses, of these 20% had experienced bullying with over 40% reporting they had witnessed the bullying of other staff in their workplace. These figures demonstrate that bullying behaviours are prevalent amongst nursing staff and also other healthcare staff in a range of countries and settings.

Bullying behaviours

A range of behaviours have been identified as being present in bullying and these can vary in their frequency and intensity. Carter et al (2013) identified the most common bullying behaviours healthcare staff experienced in their UK study 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. These behaviours match those reported by Hoel and Cooper (2000) and other researchers investigating this aspect (Quine 2001, Yildirim 2009, Becher and Visovsky 2012). Other forms of bullying identified were the 'moving of goalposts' in a person's work without informing them of the changes (Quine 2001), staff being manipulated into taking on roles and tasks that were not in their best interests, having all their decisions systematically challenged, given confusing and inaccurate information and deliberately informed tasks were urgent when they were not (Cahu et al 2014).

Other activities reported were preventing access to telephones and computer terminals and aggressive behaviours of shouting at the staff member, and threatening them with physical harm.

Becher and Visovsky (2012) and Moore et al (2013) both suggest that bullying can go unreported as a result of being unrecognised. They found that bullying can initially be viewed as rude behaviour and ignored, and it is not until it develops into more overt and deliberate destructive actions that it is recognised and acknowledged as bullying. Moore et al (2013) suggested that in some work settings disruptive relationships amongst nurses are the norm and therefore not recognised as something that needs to be challenged.

Perpetrators and targets of bullying

Although bullying can be carried out by people at the same level in the organisation, the two main groups of nurses identified from the literature as the main perpetrators are those in management positions senior to the person being bullied (Moore et al 2013, Hoel and Cooper 2000) and nurses whom are established staff members of a particular ward or healthcare setting (Baltimore 2006, Sauer 2012).

Yildirim (2009) examined the connection between workplace bullying and the age, workload, and years of experience in nursing. This study found that work overload contributed to bullying behaviours, however there was no correlation found between the number of years nurses had been working in the profession and bullying behaviours

Quine (2001) found that nurses were more likely to be bullied than any other healthcare professionals and Wilkins (2014) reported most bullying as being same gender and more prevalent in workplaces where one gender is dominant.

Impact of bullying

Burnes and Pope (2007) identified that those bullied felt isolated, insecure, fearful, and not valued. They also felt powerless, undermined and vulnerable. These responses were supported by Sauer (2012) who also identified that bullying can result in staff not only leaving their jobs but leaving the profession. This they found to happen within the first year of a nurse being registered if they were subjected to this type of behaviour consistently in their new role. The main effect of bullying identified by Rodwell and Demir (2012) was that of psychological distress and depression.

These findings were supported by Quine (2001), Burnes and Pope (2007), and Yildirim (2009).

Other effects of bullying identified by Murray (2009) were the development of psychosomatic symptoms such as headaches, eating disorders, sleep disturbances, including recurrent nightmares and the onset of chronic physical conditions. Yildirim (2009) found that some staff experiencing bullying can experience symptoms of post-traumatic stress disorder and have even attempted suicide.

As well as the impact on individuals, bullying also has an effect on the functioning of the organisation. Burnes and Pope (2007) found that over 30 percent of those bullied withdrew from certain tasks in their workplace, reduced their commitment to work and many reduced the time they spent at work in order to avoid contact with the bully. Patients can be affected in that it becomes an unsafe environment for patient care (Sousa 2012). A person who is bullied can feel incompetent and incapable in their work, get flustered and as a result errors may occur putting the patient at risk. Although the impact on patient care of staff bullying was not an issue specifically investigated in these studies, some did report findings in this area. Carter et al (2013) found that several participants who were bullied reported their performance being impaired as they were unable to think clearly and concentrate on procedures and tasks they were undertaking for patients. Hesketh et al (2003) found similar issues and that bullied staff were more frequently involved in adverse events such as medication errors and patient injuries due to falls than other staff. Burnes and Pope (2007) identified that nurses who were bullied had reduced levels of motivation and commitment to their work with increased amounts of absence resulting in reduced staffing levels in their places of work.

Root causes of bullying

Sauer (2012), Burnes and Pope (2007) and Quine (2001) found that the culture of the organisation including hierarchical management and employees not feeling empowered contributed to bullying behaviours.

Szutenbach (2009) identified that bullying is learned behaviour with mentors and preceptors bullying students and newly qualified nurses, socialising them into the expectation that they will become bullies themselves towards their colleagues (Curtis et al 2007, Randle 2003). Wilkins (2014) identified that bullying behaviours often

begin early in the student nurse's career when they experience bullying from fellow students and Baltimore (2006) indicates that the root of bullying in nursing starts in the university where some nursing lecturers abuse their power and flourish through feelings of superiority, controlling both more junior staff members and students. Baltimore continues that many of these people are not self-aware and if their behaviour is pointed out describe themselves as assertive or passionate. This leads to the continuation of bullying in universities resulting in nurses accepting that this behaviour is the norm.

Murray (2009) identified that in some areas there is what he referred to as a "wall of silence" serving to protect the bully. This involves managers actually favouring people who behave in this way by protecting and supporting the bully. Szutenbach (2009) suggests that nurses can be socialised into not asserting themselves to combat bullying behaviour and as a result allow it to continue.

Actions and interventions to combat bullying

An important first step in dealing with bullying is for the individual to recognise and admit that they are being bullied (Murray 2009). The recipient may not initially recognise what is happening as this behaviour may be common in their place of work and accepted as the norm. They may be told by peers or managers that they are over sensitive, experiencing a personality clash or a different type of management style. The nurse needs to be alert to the signs and symptoms they may experience such as sleep disturbances, anxiety and eating disorders. Keeping a record of when and in what form the bullying occurs is vital to provide evidence of what has happened, along with details of any witnesses to events. All NHS organisations are required to have a policy in place to deal with bullying and harassment in the workplace which staff can access and follow to report this behaviour (NHS Confederation 2006).

Burnes and Pope (2007) identified that one of the main obstacles to tackling bullying is that those who should be responsible for preventing or stopping these behaviours are the ones most likely to be the perpetrators. In Quine's (2001) study nearly 70 percent of those bullied had tried to take action to stop the bullying, but only 22 percent were satisfied with the result of this action. A contributing factor to the continuance of bullying is that co-workers do not intervene even when they are aware that a colleague is being bullied. Wilkins (2014) suggests that bullies often

prevent or block communication between workers and that some colleagues do not report bullying for fear of being viewed as a troublemaker and not having their concerns taken seriously.

In combatting bullying the concept of hope was identified as a strength by Wilkins (2014). This research found that nurses with high levels of hope took action and felt positive that a bullying situation would be resolved. Hope is a concept which helps people to survive adverse conditions enabling them to view situations as challenging rather than threatening (Frankl, 1984).

Another attribute identified was humour, and this was often accompanied by optimism. Nurses with this outlook approached bullying from a positive perspective conducive to the seeking of possible solutions to the problem. Staff with a pessimistic outlook had limited coping strategies and did not find it easy to identify possible solutions to their situation.

Becher and Visovsky (2012) stress the importance of nurse managers modelling good professional behaviours and being supportive and constructive with their staff. This includes staff treating each other with respect, enhancing communication, bringing any conflicts into the open and dealing with them promptly.

Murray (2009) reports that silence and inaction against bullying can allow this behaviour to continue. Perpetrators of Bullying often have a history of this type of behaviour and instead of dealing with it managers may transfer the bully to other areas within the organisation where the same behaviours continue.

Conclusion

It is apparent that bullying in nursing is an issue that has been present for many years and still continues. It involves common features of the individual being intimidated, humiliated, ignored and isolated from colleagues, having information withheld from them, and their professional standing undermined. It can be unrecognised by the individual being bullied and by managers as it may be seen as a normal part of the ward culture. The impact on staff can be great in terms of stress, anxiety, depression and psychosomatic illnesses and can result in staff leaving their job and in some cases the profession. This behaviour can also impact on patient care as those bullied can feel incompetent and incapable in their work, leading to a greater risk of errors occurring. This can include events such as medication errors and staff feeling unable to think clearly or concentrate on their work.

Those most likely to be bullied are students and staff new to an area, with those doing the bullying mostly being nurses in established roles and those in management positions.

A range of reasons why bullying occurs have been identified including hierarchical management, a lack of involvement in decision making and heavy workloads with tight deadlines. Other factors include students experiencing bullying behaviours in university and this behaviour modelled to them when on clinical placements by their mentors and other staff. Several studies identified that occupations which are predominantly single sex, experience greater incidents of bullying.

In order to combat bullying, this behaviour needs to be recognised and acknowledged by the recipients, perpetrators and other staff. There needs to be a zero tolerance and the addressing of this behaviour should be clear and prompt by managers. Staff being bullied should be supported by colleagues and the building of resilience and hope could help staff combat this behaviour.

The NMC code (2015) clearly states that nurses should work co-operatively with colleagues and if this is adhered to then bullying in nursing can become a thing of the past.

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