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Research Article

Work Environment and Workplace Bullying among Korean Intensive Care Unit Nurses

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SUMMARY

Purpose: The purpose of this study was to examine the relationship between perceived work environment and workplace bullying among Korean intensive care units (ICU) nurses.
Methods: This is a descriptive survey research, with 134 ICU nurses from five hospitals in Korea. The work environment was measured by the Korean Nursing Work Environment Scale. Workplace bullying was measured with the Korean version of the Negative Acts Questionnaire–Revised.
Results: ICU nurses reported moderate satisfaction with their work environment, with perception of the basic work system receiving the highest scores. A total of 94.0% of ICU nurses have experienced at least one negative act within the past 6 months, and the prevalence of bullying was 17.2% according to operational bullying criteria. The ICU nurses reported that they experienced more work-related bullying than other types of bullying. Significant negative correlations between the nursing work environment and workplace bullying were found.
Conclusion: These findings indicate that the better the nursing work environment, the less workplace bullying nurses will experience. Further research needs to be done to identify factors that influence bullying in the nurses and to develop an intervention that prevents workplace bullying.

Introduction

With the recent focus on nursing shortage as a social problem, there is increasing interest in the work environment of nurses. The work environment of nurses affects their exhaustion, job satisfaction, and intentions to leave (Aiken et al., 2011; Zhang et al., 2014). A healthy? work environment also meets the basic criteria to guarantee patient safety and the quality of nursing care (Lin & Liang, 2007). Nurses working in ICUs take care of critically ill patients, must contact medical staff from various departments, and must keep up-to-date with the most advanced treatment and medical technology. Therefore, it is known that they are exposed to more work-related stress than any other nurses (Cho et al., 2009).

The nursing work environment extends beyond the physical environment. The American Association of Critical-Care Nurses suggested six criteria for creating a healthy work environment. These included skilled communication, true cooperation, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (Vollers, Hill, Roberts, Dambaugh, & Brenner, 2009). In Korea, Park (2012) developed an instrument for assessing the work environment of Korean nurses, which included support from the institution, leadership of the head nurse, the basic work system, and the interpersonal relationship. Interpersonal factors, such as communication and cooperation are considered to be important in nursing work environment. With the growing interest in relationships between nurse colleagues, the concept of "workplace bullying" has gained attention. Workplace bullying is defined as repeated negative verbal, psychological and physical behaviors and are also called horizontal violence, horizontal hostility, lateral violence, or "nurses eat their young" (Center for American Nurses, 2008). Bullying, which can be considered to be a form of workplace violence, includes verbal abuse, threats, exclusion, insults, severe criticism, making fun of, taking way opportunities, teasing, disturbing, being nasty, interception of information and breaching privacy issues. Related to nursing practice,

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"unfair patient assignment", "refusing to help", and "refusing to work together" can constitute bullying (Embree & White, 2010; Griffin, 2004). The incidence and the types of bullying in the nursing occupation vary between studies. For example, in Northern Europe, UK and the US, the reported incidence of bullying for nurses within the workforce was 5%–38%, whereas the figure was 50%–57% in two studies done in Australia, and 86.5% in a study done in Turkey (Johnson, 2009).

Workplace bullying has a negative impact on the nursing organization and the safety of patients as well as on the individual nurses. Bullying leads to sadness, anxiety, mistrust, and low self-esteem in the victim nurses (McKenna, Smith, Poole, & Coverdale, 2003). Prolonged bullying can be a cause of decreased appetite, headaches, insomnia and chronic fatigue (Bigony et al., 2009), and in the long-term can lead to post-traumatic stress disorder symptoms, work dysfunction, and substance abuse (Longo & Sherman, 2007). Unprofessional behavior such as bullying also creates bad work environment, which leads to negative patient outcome, such as falls and medication errors, as well as accelerated nurse exhaustion and job changes which hinder a nurse's professional development (Roche, Diers, Duffied, & Catling-Paull, 2010; Stanley, Martin, Michel, Welton, & Nemeth, 2007).

Bullying within nurses has been considered to be serious in other countries since 1990s. After the 2000s, the nursing organizations such as the American Association of Critical-Care Nurses have announced their position on workplace bullying and have suggested potential solutions (Center for American Nurses, 2008). More recently in Korea, there has been an increasing number of nursing studies published on communication, interpersonal conflicts and verbal abuse. These studies so far have focused more on the relationship between nurses and doctors, or between nurses and patients or their families, rather than between nurses (Kang & Lee, 2003; Kim, 2002). These studies also have shown that most of the perpetrators of violence are patients, families or physicians (Nam et al., 2006; Park, Kang, Kim, & Kwon, 2011). However, the most serious problem in violence against nurses is when the perpetrator is a colleague nurse, and it is known that bullying by another nurse is difficult to forget and causes persistent stress (Dumont, Meisinger, Whitacre, & Corbin, 2012).

As discussed above, the interpersonal relationship is important in the nursing work environment. In spite of the seriousness of the incidence and the effects of bullying amongst nurses at the moment, there are limited numbers of studies on bullying among Korean nurses. Therefore, the aim of current study was to examine the work environment and the bullying in ICU nurses, who are known to be under significant work-related stress. The specific aims of this study were to (a) investigate the work environment and the extent of bullying in ICU nurses, (b) investigate the differences in the work environment and bullying in accordance to the characteristics of ICU nurses, and (c) investigate the relationship between the work environment and bullying in ICU nurses.

Methods

Study design

This is a cross-sectional descriptive study done to investigate the nursing work environment and the extent of bullying in ICU nurses.

Setting and sample

ICU nurses working in five hospitals in the city of Seoul or Busan in Korea who met the criteria below were selected for this study: (a) staff nurses excluding head nurses or charge nurses, (b) nurses with permanent positions, not temporary or part-time positions, (c) nurses not involved in new employee orientation period, and (d) nurses who understand the purpose of this study and have given written consent for participation.

The sample size for bivariate correlation analysis was calculated using the G*power 3.1 program. The number of subjects needed to achieve an effect size of 0.3 (medium), a level of significance (α) of .05, and a test power ($1-\beta$) of .95 was 138. Considering potential drop-outs, questionnaires were sent out to 170 participants, of which 150 were returned. Excluding 16 questionnaires that were not completed properly, the remaining 134 questionnaires were used for analysis.

Ethical consideration

The content and method of this study was approved by the Internal Review Board (approval no. 12-112) of Kosin University before data collection. The informed written consent was obtained from each participant before answering the questionnaires, which included an explanation of the study and that it was done by voluntary commitment of the participant. The participant had the option of discontinuing the study at any time, and all personal information were maintained confidential. The response of the participants was only used for research purposes, and will be disposed of after publishing the study results.

Measurements

Nursing work environment

The nursing work environment was measured using the Korean Nursing Work Environment Scale developed by Park (2012). This tool consists of 30 questions under four sections, which are "institutional support", "leadership of the head nurse", "basic work system" and "interpersonal relationship". The assessment is done on a 5-point Likert scale, ranging from 1 (*not at all*) to 5 (*very true*), with a higher score indicating a positive view on one's work environment. Park verified the validity of this tool using factor analysis with 350 Korean hospital nurses. The reliability of the tool reported by Park was Cronbach's alpha at .92 and the reliability calculated in current study was .93.

Workplace bullying

Workplace bullying was assessed in this study using the Korean version of the Negative Acts Questionnaire–Revised (NAQ-R; Nam, Kim, Kim, Koo, & Park, 2010), originally developed by Einarsen, Hoel and Notelaers (2009). This questionnaire consists of 22 questions under three sections, which are "person-related bullying", "work-related bullying", and "intimidation-related bullying". The scores for each question range from 1 (*none*) to 5 (*almost every day*), with a higher score indicating that the subject was more exposed to negative acts. If subjects had experienced at least 2 of the 22 negative acts from NAQ-R by a colleague every day or every week in the past 6 months, they can be said to be a victim of workplace bullying. Nam et al. (2010) verified the criterion and construct validity of this Korean version of NAQ-R with 190 hospital nurses. They reported the Cronbach's alpha of this tool to be .92. In our study, this was calculated to be .95.

Data collection

Data collection took approximately 2 months from October 1st to November 30th in 2012. After obtaining an official approval from the nursing department of selected hospitals, one of the research team members visited the ICU of each hospital to distribute the questionnaires, which were collected after 1 week. We asked the questionnaires be completed by the participant himself or herself.