



## Review

Work environment antecedents of bullying: A review and integrative model applied to registered nurses<sup>☆</sup>

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## ABSTRACT

**Objectives and design:** This review paper provides an overview of the current state of knowledge on work environment antecedents of workplace bullying and proposes an integrative model of bullying applied to registered nurses.

**Data sources and review methods:** A literature search was conducted on the databases PsycInfo, ProQuest, and CINAHL. Included in this review were empirical studies pertaining to work-related antecedents of workplace bullying in nurses.

**Results:** A total of 12 articles were maintained in the review. An examination of these articles highlights four main categories of work-related antecedents of workplace bullying: job characteristics, quality of interpersonal relationships, leadership styles, and organizational culture. A conceptual model depicting the interplay between these factors in relation to bullying is also presented. Suggestions regarding other factors to incorporate within the model (e.g., individual factors, outcomes of bullying) are provided to increase our understanding of bullying in registered nurses.

**Conclusions:** This paper hopes to guide future efforts in order to effectively prevent and/or address this problem and ultimately ensure patient safety and quality of care provided by health care organizations.

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## What is already known about the topic?

- Workplace bullying is a serious issue in registered nurses. Up to 40% of nurses are frequently exposed to bullying behaviors at work.

- Nurses exposed to bullying experience diminished psychological and professional functioning, which can have significant repercussions for health care organizations and the quality of care they provide.
- Given the alarming consequences associated with workplace bullying, researchers have begun to investigate its antecedents. Work environment factors have been identified as key determinants.

## What this paper adds

- This paper offers a review of research on specific work-related antecedents of workplace bullying in registered nurses.
- These antecedents are subsequently integrated into a unified theoretical model of workplace bullying applied to registered nurses.

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- The paper also makes recommendations regarding other factors (e.g., individual factors, outcomes of bullying) worth integrating within the model to obtain an extensive understanding of workplace bullying in registered nurses.

Workplace bullying is considered a serious issue in registered nurses (RNs) (Cleary et al., 2010; Hutchinson et al., 2013; Johnson, 2009). It occurs when an employee (i.e., target) is facing prolonged exposure to negative behaviors against which one feels unable to defend oneself (Einarsen, 2000). These negative behaviors can be person-related (e.g., excessive teasing, social exclusion), work-related (e.g., constant belittlement of one's achievements, unreasonable expectations), or physically intimidating (e.g., aggressive comments, invasion of one's personal space; Einarsen et al., 2009). These behaviors are most commonly committed by supervisors or colleagues (i.e., perpetrator; Einarsen, 2000). Regardless of their nature, bullying behaviors have common denominators: they are experienced frequently (i.e., weekly or daily) and persistently (i.e., for six months or more; Einarsen and Raknes, 1997). These notions of frequency and persistence distinguish workplace bullying from other types of aggression at work (e.g., incivility, physical violence; Hershcovis, 2011).

Research suggests that up to 40% of nurses are exposed to bullying behaviors, including exclusion, intimidation, and belittlement (Hutchinson et al., 2010) on a regular basis (Laschinger et al., 2010; Simons, 2008; Spector et al., 2014). This is alarming given that exposure to bullying is associated with symptoms of depression, anxiety, and psychological distress in nurses (Demir and Rodwell, 2012; Einarsen et al., 1998; Trépanier et al., 2013a; Yildirim, 2009). Workplace bullying can also undermine RNs' professional well-being, as it decreases engagement and quality of work motivation (Laschinger et al., 2012; Trépanier et al., 2013a) and increases absenteeism, turnover intention as well as burnout symptoms (O'Donnell et al., 2010; Quine, 2001; Sá and Fleming, 2008; Trépanier et al., 2015; Vessey et al., 2009).

These outcomes can have significant repercussions for health care organizations and the quality of care they provide. Indeed, they contribute to the already salient nursing shortage (Farrell et al., 2006) and generate considerable costs in terms of staff replacement and recruitment (Hoel et al., 2011; Kivimäki et al., 2000). These outcomes also decrease RNs' ability to concentrate, resulting in increased risk of clinical errors (Farrell et al., 2006; Hoel et al., 2011) and may considerably undermine the safety of patients and the quality of the care they receive (Purpora and Blegen, 2012).

Given the alarming consequences associated with workplace bullying, researchers have begun to investigate its antecedents (for a review, see Samnani and Singh, 2012; Zapf and Einarsen, 2011). These antecedents have been examined from two main perspectives: (1) individual factors (e.g., personality traits of the target; Matthiesen and Einarsen, 2001) and (2) work environment factors (e.g., job characteristics; Agervold and Mikkelsen, 2004). The pioneering research on workplace bullying proposed that deleterious work environments are conditions that enable bullying to flourish, and without which individual factors

would play a very small role in the development of bullying (Leymann, 1996). Current research aligns with this proposal to a certain extent, suggesting that individual factors contribute to the occurrence of bullying but on a more modest scale compared to work environment factors (Balducci et al., 2011; Bowling and Beehr, 2006). Thus, much research has been conducted on work-related antecedents of bullying in the past decade (see Einarsen et al., 2011), giving rise to the need for an updated review and integration of these antecedents into a new conceptual model.

In addition, past studies aimed at reviewing the work-related antecedents of bullying have proposed generic models (i.e., applied to the workforce as a whole) and in which work environment factors are examined broadly (e.g., Einarsen et al., 2011; Johnson, 2011; Samnani and Singh, 2012). For example, Samnani and Singh (2012) proposed a theoretical framework of workplace bullying based on a general review of its antecedents (i.e., personality traits and demographic variables, group factors, organizational factors, broad societal factors) and outcomes (individual, group, organizational, and society). However, given that nurses are especially vulnerable to bullying (Zapf et al., 2011), it appears essential to pay particular attention to these health care professionals. Unfortunately, a recent review of violence exposure in nurses shows that compared to other forms of violence (e.g., physical violence), relatively little attention has been given to bullying among nurses (Spector et al., 2014). Moreover, by regrouping all work environment factors (e.g., leadership, job characteristics) into the same category the theoretical models proposed by past studies have provided a very broad portrait of the work-related antecedents of bullying. This allows for a limited understanding of the specific work environment factors associated with bullying as well as the interplay between these factors in the prediction of bullying. In order to obtain a more comprehensive understanding of the situation and to guide future research, the present paper provides a review of the current state of the research on work environment antecedents of bullying in nursing and proposes an integrative model of bullying. This comprehensive model depicts in detail the work environment factors associated with bullying as well as the interplay between these factors in relation to bullying in RNs. Work environment is a broad concept that can include (1) how work is organized (i.e., job characteristics such as overload, job control), (2) workgroup characteristics and processes (i.e., interpersonal relationships such as social support and conflict), (3) the nature of the leadership, and (4) the culture of the organization (James and James, 1989; Jenkins, 2011). Lastly, given the complex nature of bullying, the paper also makes recommendations regarding other factors (e.g., individual factors, outcomes of bullying) worth integrating within the model to obtain an extensive understanding of workplace bullying in RNs.

## 1. Methodology

In order to investigate the work environment factors associated with workplace bullying, a literature search was conducted on the databases PsycInfo (from 1800), ProQuest (from 1994, a collection of 28 databases including

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