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Review

Management of work place bullying in hospital: A review of the use of cognitive rehearsal as an alternative management strategy



Wee Meng Steven Koh

University of Manchester, Manchester, United Kingdom

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ABSTRACT

Lateral violence is not uncommon in workplaces. Unfortunately, nursing, a profession that builds its practice on compassion and code of ethics while caring for their patients is not spared from this phenomenon of lateral violence. Studies have reported cases of lateral violence among nurses to occur frequently worldwide. The impact of lateral violence has serious repercussions not only on the health of bullied victims but also on the structure and financial spending of the organisation. More importantly, the potential latent impacts on the patients' safety and health is of great concern. This literature review suggests that the contributing factors towards lateral violence are mainly due to characteristics of perpetrators, victims' reaction to bullying and organisation's characteristic. To mitigate the impact of lateral violence among young and inexperienced nurses, a cognitive rehearsal scripted response is proposed to prevent harassment and bullying incidents from becoming a feature at the workplace for nurses.

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E-mail address: emrgve87@gmail.com.

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1. Introduction

Workplace violence is not uncommon in healthcare organisations. The most common and explicit types of workplace violence in the hospital setting are reportedly verbal and physical abuse from patients and their relatives. However, many studies have also indicated that nurses can potentially be the perpetrators of workplace violence towards their own colleagues, in what is defined as ‘workplace bullying’. Therefore, it is unfortunate that despite the fact that nursing is a profession built on the practice of compassionate care and following a strong code of ethics it is not spared from this particular aspect of workplace violence.

Workplace bullying could possibly lead to high turnover rates, resulting in staff shortages. The rising demand for healthcare coupled with the on-going shortage of nurses remains a paramount concern of nursing leaders and healthcare organisations worldwide. This shortage in the population of practicing nurses is a profound issue affecting the nation of Singapore, which is currently struggling to meet the growing healthcare needs of its ageing population. To mitigate the impact of manpower shortage, Singapore has recruited a large pool of foreign nurses, constituting 60.5% of its current nursing workforce [1]. In addition to recruiting staff from abroad, it is important to develop more innovative and effective strategies to attract younger nationals to the nursing profession is important. However, pursuit of each of these approaches needs to be accompanied by systematic exploration to identify and subsequently address the push–pull factors of the current nursing environment that influence retention of nursing staff in their profession.

This review was carried out to explore the factors contributing to workplace bullying among nurses working in hospitals. The findings led to a thoughtful discussion, here, of the current interventions that mitigate such behaviour and the proposal of an educational strategy targeted at empowering newly qualified nurses to handle workplace bullying.

2. Background

The World Health Organisation [2] defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either results in injury, death, psychological harm, mal-development or deprivation”. The aspect of workplace bullying was first described in the 1980s by Heinz Leymann, who coined the term ‘mobbing’ to refer to “hostile and unethical communication directed towards an individual at least once a week up to a six months duration”.

In relation to the nursing profession, Duffy [3] defined workplace violence as “nurses overtly or covertly directing their

dissatisfaction inward towards each other, themselves and towards those who are less powerful and influential than themselves”. Examples include direct and indirect, verbal and non-verbal reactions, such as raising of eyebrows or voices in response to colleagues, making rude or demeaning comments, acting in a way that undermines the ability of a colleague to help others, sabotaging a colleague by withholding information, infighting, scapegoating, passive-aggressive communication, gossiping and failure to respect privacy, and breaking confidentiality entrusted to nurses in positions of authority or power.

Workplace bullying exists worldwide, with a varied but marked prevalence in nations across the globe. A recent national survey by the National Health Service [4] of the United Kingdom suggested that 1 in 4 NHS staff (25%) had experienced bullying in the workplace, specified as harassment or abuse from their manager or colleagues. This 2014 percentage represented a slight increase (of 1%) over the 2013 levels. An earlier cross-sectional study conducted in Australia by Roche, Diers [5] had found 14.7% of Australian nurses having experienced workplace violence perpetrated by their co-workers. Studies in Asia reported the highest levels of nurses having experienced workplace violence, up to 33% [6,7].

The international variation in levels of workplace bullying, however, could be due to differences in sample size, type of measurement used, organisational/service setting, and culture of reporting. Nonetheless, when the data is considered collectively, a remarkable portion of nurses working in the hospital setting has experienced workplace violence, with bullying being the most common.

A prospective study conducted in Singapore, investigated workplace bullying among nurses in a local tertiary hospital's operating theatre department and reported that 33.7% of the respondents reported having experienced verbal abuse, with 17.6% alleging abuse by nurse managers; importantly, the study also found that more than 70% of the staff choose not to report workplace bullying incidents. Chan and Huak [8] highlighted similar results from their study, in which nurses reported that they were less than satisfied with colleague cohesion and support from their superiors. A more recent study by Carter et al. (2013) [30] confirmed this, reporting that despite a high prevalence rate of workplace bullying only 2.7%–14.3% of nurses reported bullying cases to higher authorities. This huge contrast between incidence and reporting rates implies that workplace bullying victims face multiple challenges when dealing with aggressive colleagues. The low reporting rate could also highlight workplace bullying as a sensitive topic that is seldom raised in the employing organisation (i.e. the hospitals). As such, there may be a greater need to investigate workplace violence in hospitals and address both prevention and intervention to mitigate its impacts.

Apart from its high prevalence rate worldwide, workplace bullying has serious consequences on the victims' physical and

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