Nurse Bullying: A Review And A Proposed Solution

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ABSTRACT

Nurse bullying is an extremely common phenomenon which has detrimental consequences to nurses, patients, health care institutions, and to the nursing profession itself. It has even been linked to increased patient mortality. This article demonstrates the critical need to resolve the issue of nurse bullying. It also shows that previous attempts of resolution have not been successful, which may be partly due to the fact that the problem is relatively unacknowledged outside the nursing profession. To resolve the problem of nurse bullying, we believe that the solution must include an incentive for institutions to implement the necessary interventions and to ensure that they are effective. We propose that a measurement pertaining to the level of nurse bullying be factored into the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program. To facilitate this, we propose that a survey be developed and implemented which is similar to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. However, whereas the HCAHPS survey measures patients' perspectives of hospital care, this survey would measure nurses' perspectives of workplace bullying.

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Introduction

Nurse bullying has been the subject of research studies for over 25 years (Patterson, 2007). There is empirical evidence showing that it has many detrimental consequences—not only in terms of the health and well-being of nurses but also in terms of the safety of patients (Aiken et al., 2012; Hastie, 1996; Hickson, 2013; Institute for Safe Medication Practices, 2004; McKenna, Smith, Poole, & Coverdale, 2003; Quine, 1999; Riskin et al., 2015; Rosenstein & O'Daniel, 2008; Wilson & Phelps, 2013). Despite this, many institutions either deny its existence or accept it as the norm, creating a culture of silence that impedes solutions to the problem (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012). In this article, we provide an overview of the severity of the nurse bullying issue, including its prevalence, implications, and attempts at resolution thus far. In doing so, we demonstrate the critical need to resolve the issue. We then present a proposed solution that we believe would achieve that goal.

Nurse Bullying: It is Not a New Problem

There is anecdotal evidence that suggests that nurse bullying has been in existence for more than 100 years. Indeed, an article published in *The New York Times* in 1909 called attention to "the abominable outrages" and "outright persecution" that head nurses who "abuse their position of power," inflict on nurses ("The hospital tyrants", 1909, p. SM8). Although nursing has

come a long way in the last century, nurses still experience bullying today. And tragically, it is very common.

Prevalence of Nurse Bullying

Indeed, according to one study, 53% of nurses report the prevalence of bullying as common or very common (Dewitty, Osborne, Friesen, & Rosenkranz, 2009). Similarly, a more recent study reports that 48% of registered nurses admit to being bullied in the workplace during the previous 6 months, with 35% reporting that they had experienced it on a weekly basis, and 28% reporting that they had experienced it on a daily basis (Etienne, 2014). Among new nurses, the numbers are even more significant, with over 72% of new nurses reporting having experienced bullying in the previous month (Berry, Gillespie, Gates, & Schafer, 2012).

Definition of Nurse Bullying

Bullying goes by many names, including harassment, horizontal violence, lateral violence, vertical violence, nurse hostility, abuse, and disruptive behavior. While there is much overlap among the terms, there are also some subtle differences. Vessey, DeMarco, and DiFazio (2010) combined bullying with harassment and horizontal violence to create a single construct and defined this as, "repeated, offensive, abusive, intimidating, or insulting behavior, abuse of power, or unfair sanctions that make recipients upset and feel humiliated, vulnerable, or threatened, creating stress and undermining their self-confidence" (p. 136). Workplace mobbing is another term that is sometimes used. Davenport, Schwartz, and Elliot (1999) define workplace mobbing as,

> a malicious attempt to force out of the workplace through unjustified accusations, humiliation, general harassment, emotional abuse, and/or terror. It is a 'ganging up' by the leader(s)—organization, superior, coworker, or subordinate—who rallies others into systemic and frequent 'mob-like' behavior. Because the organization ignores, condones, or even instigates the behavior, it can be said that the victim, seemingly helpless against the powerful and many, is indeed 'mobbed.' The result is always injury—physical or mental distress or illness and social misery and, most often, expulsion from the workplace (p. 40).

Manifestations of Nurse Bullying

Nurse bullying manifests itself in many ways. The literature includes the following behaviors in describing bullying: scapegoating (unfairly blaming others), sabotage (withholding information needed for patient care), and excessive criticism (Simons, Stark, & DeMarco, 2011); refusing to provide support to a fellow nurse because they are not liked and setting them up to fail (Dellasega, 2009); humiliation, undermining their

competence in front of others, making demeaning comments, hampering work, and assigning excessive or unreasonable workloads (Hutchinson, Vickers, Wilkes, & Jackson, 2010); and verbal outbursts, physical threats, refusing to perform assigned tasks, refusing to answer questions, and using condescending language (The Joint Commission, 2008).

The Perpetrators of Nurse Bullying

The literature has repeatedly shown that the perpetrators of nurse bullying are most often people within the nursing field itself. In one study, the perpetrators were identified as follows: senior nurses 24%, charge nurses 17%, nurse colleagues 15%, and nurse managers 14% (Vessey, DeMarco, Gaffney, & Budin, 2009). In another study, 50% of nurses who reported being bullied identified managers or directors as the perpetrators, 25% identified charge nurses, and 38% identified coworkers as the perpetrators (Johnson & Rea, 2009). In a more recent survey, the perpetrators were identified as being senior nursing colleagues 63% of the time, with 44% being staff nurses and 19% being in leadership positions such as director of nursing, manager, supervisor, charge nurse, nurse preceptor, and nurse educator (Berry et al. 2012).

The Victims of Nurse Bullying

The expression "nurses eat their young" is well-known, at least within the nursing profession. It is a symbolic description of the bullying that goes on among nurses, with the implication that the bullying victims are young new graduates. However, some studies have shown that the profile of victims extends well beyond that of young new graduates. Indeed, the average age of victims of nurse bullying is 50, according to Dewitty et al. (2009), and the average number of years of experience is 20, according to Etienne (2014). Nonetheless, bullying rates among new nurses have been repeatedly shown to be much higher in many other studies. For example, as noted earlier, Berry et al. (2012) report a bullying rate of 72% among new nurses. However, Dellasega (2009) points out that besides new graduates, newly hired nurses with experience are also often targeted. Stokowski (2010) explains that new graduates and new hires are in a vulnerable position because they "may lack not only confidence and power to resist, but may lack established friendships among the nursing staff to warn them about, and shield them from, known bullies" (p. 3). According to Davenport et al. (1999), there are certain attributes that make people more vulnerable to becoming a target of workplace bullying. These include intelligence, competence, integrity, accomplishment, dedication, and loyalty. In addition, they state that people who tend to generate new ideas are often bullied because they challenge the status quo of the workplace. Furthermore, they point out that people are often bullied because they constitute a threat to someone at a higher level.