Breaking the Cycle of Bullying in Nursing: Emerging Themes

ABSTRACT

Bullying, horizontal, or lateral violence, and incivility are all terms that are used to describe aggressive behaviors seen in nursing practice between nurses. How and why these behaviors arise has been studied in recent years, but a focus on changing bullying and victim behaviors in prelicensure nursing students has been absent from the literature. The purpose of this pilot study was to examine the attitudes and reactions towards bullying behaviors observed in clinical rotations for BSN students and professional practice for MSN students. The study was conducted utilizing the Bullying in Nursing Education Questionnaire (Cooper et al., 2009) to study perceptions and awareness of bullying in 21 students in a public university in the southwest. A qualitative comment section was included as part of the questionnaire. This article presents the emerging themes found in these qualitative comments. These themes were: communication/miscommunication, coping skills, and zero tolerance.

Key words: bullying, incivility, horizontal violence, nursing, nursing education, attitudes, tolerance

Breaking the Cycle of Bullying in Nursing: Emerging Themes

This pilot study was conducted as an analysis of qualitative responses of nursing student exposure to peer bullying (NSEPB) of graduating undergraduate and graduate students at a university in the southwest United States. The purpose of studying NSEPB in graduating students is to understand bullying behaviors they have experienced, during their nursing education and at their place of employment for post licensure students in graduate studies utilizing the Bullying in Nursing Education Questionnaire (BNEQ; Cooper et al., 2009). Participants were asked to complete the survey and answer one additional open-ended question, added by the researchers, asking them to tell the researchers how they have dealt with a challenging situation involving bullying in nursing school or, if they have graduated, in their nursing position. The present article is an analysis of the qualitative data shared by participants within their BNEQ responses. Thirty percent of graduating students (n = 21) completed the online survey and 11 provided qualitative comments.

Background

Bullying in nursing, also called horizontal or lateral violence and incivility, is not a new phenomenon (Bartholomew, 2006; Griffin, 2004). For decades, the term "nurses eat their young" has been used to describe how nurses treat their peers in the workplace. In the last several years, a focus on bullying and incivility in nursing education, including student-to-student episodes, has begun to emerge, with research studying causes and clinical implications (Clark, 2009; Clark & Carnosso, 2008; Clark & Springer, 2010; Cooper et al., 2009).

Purpose

As a part of this longitudinal study, a group of graduating undergraduate and graduate students was asked to participate in a study of bullying behaviors they had experienced while in

their nursing program. Their qualitative comments in the open-ended question at the end of the BNEQ were startling and, upon analysis, offered some emerging themes important to how graduating nursing students, be they prelicensure or graduate-level nursing students viewed bullying in nursing.

Method

The BNEQ addresses the frequency and sources of bullying behaviors and asks the respondent to indicate the category best describing his or her encounters during the past year in classroom or clinic course work and the coping behaviors that might have been applicable to these encounters. Additionally, the BNEQ addresses students' perception of resources provided by the nursing school to cope with bullying (Cooper et al., 2009). Participants in this study were asked to complete the survey and answer one additional open-ended question, added by the researchers, asking them to tell the researchers how they have dealt with a challenging situation involving bullying in nursing school or, if they have graduated, in their nursing position. The project was approved by the university's institutional review board. Various methods were employed to protect participants. These included providing informed consent information and assurances of confidentiality in the original emails requesting participation and upon entrance to the online survey.

Study Design

A longitudinal study was designed as a non-experimental descriptive study using the BNEQ to ascertain the level of exposure to bullying behavior and what coping behaviors were used and to what extent. After approval by the Institutional Review Board for the longitudinal study, an amendment was added to survey graduating students in both the pre-licensure and graduate programs as a snapshot view of whether graduating nursing students have experienced

bullying or incivility in the education setting or workplace using a single-group design. A link to the survey was sent out via email to students inviting them to participate in the study, with a reminder sent a week later. The survey was closed after a total of a month.

Participants and Recruitment

Potential participants for this study were graduating undergraduate and graduate students at a university in the southwest United States. Potential participants were sent an email about the research and a link to a SurveyMonkey questionnaire. They were informed of their rights and told that their decision to participate or not would not influence their grades, that they could drop out of the survey at any point without repercussions, and that their responses were confidential and anonymous. Before entering the questionnaire, potential participants had to click accept on the first page of the questionnaire, indicating they agreed with the informed consent reproduced on that page. Those who did not click accept were directed to a "thank you" page and did not enter the questionnaire. Thirty percent (n = 21) completed the online survey and 11 provided qualitative comments, the results of which are presented below

Data Collection and Analysis

This study was conducted as a qualitative analysis of data collected to gain a snapshot of graduating nursing students' experiences with bullying and their attitudes towards bullying. A qualitative approach was used to analyze the text-based responses. This approach allowed the researchers to capture a variety of perspectives and describe data collected in the words of the participants (Corbin & Strauss, 2008).

The first step in data analysis began while developing the study. Known as "looking", the researchers checked taken-for-granted knowledge that had accumulated through personal experience and may have come in conflict with other perceptions. This first phase of the process

provided well-grounded understandings of experiences and perspectives of the researchers and future participants in the study. A thorough review of the literature was conducted during this process and will continue to be updated as the project unfolds.

The second step was interpreting and analyzing data, the "think" process. The analysis process began with distilling the data by categorizing and coding into units of meaning (i.e., experiences/perceptions) and organizing them in a way to summarize the experiences and perspectives of the participants (Stringer, 2007). The data were examined and codes generated, reflecting the words of the respondents themselves.

After the coding, categorization, and development of themes were completed, the project moved into the interpretation phase. Finally, for the purposes of this study, the initial component of the "act" process occurred. In this process, the researchers constructed the report, which identified potential incivility and disruptive behaviors along with the coping behaviors identified by the participants.

Findings

The majority of the respondents reported positive coping behaviors (e.g., reported the behavior to a superior or person of authority, spoke directly to the bully, or warned the bully not to do it again). Several reported negative behaviors (e.g., did nothing, put up barriers, pretended not to see the behavior, and increased use of unhealthy coping behaviors such as smoking, overeating, and increased alcohol consumption). The design of the study did not allow for identification of those who responded to the text-based question in relationship to their report of positive or negative coping behaviors. The graph below depicts percentages of respondents' types of coping behaviors.

Insert Figure 1 about here

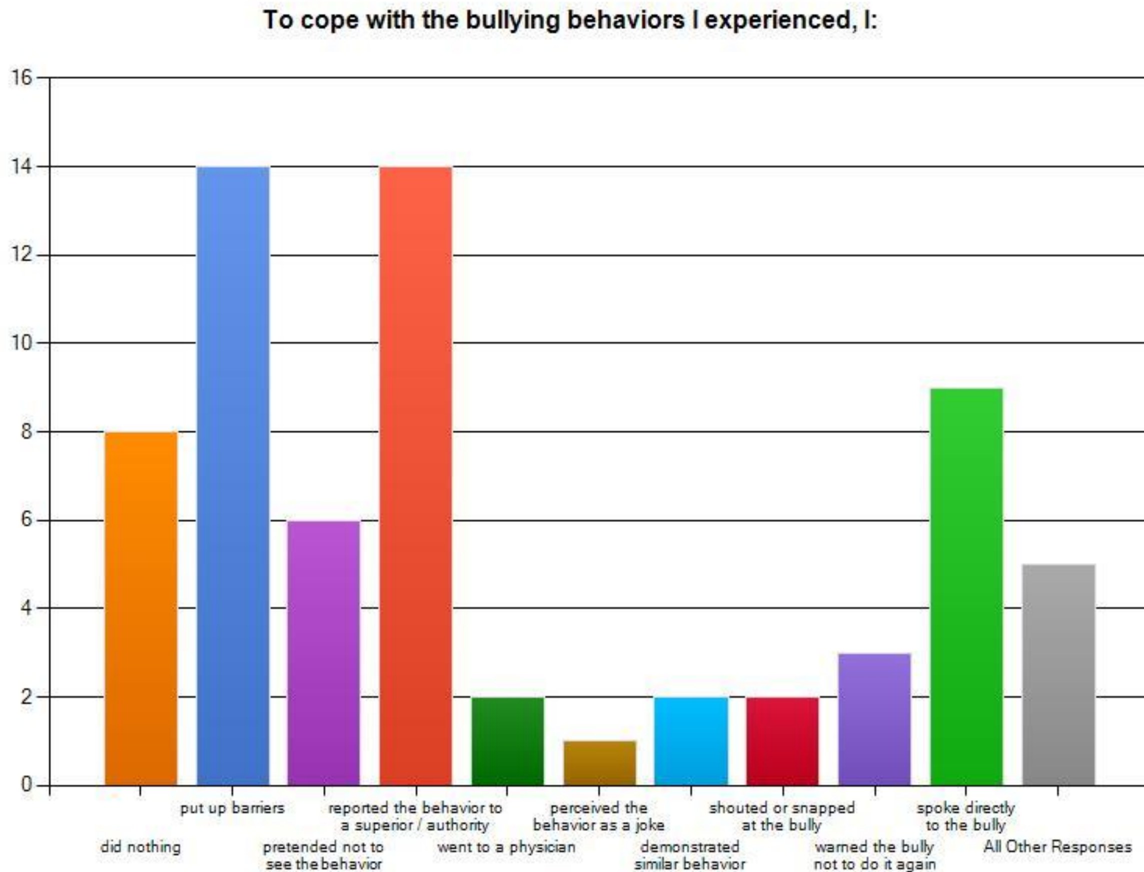

Figure. This table represents the percent of respondents who wrote comments related to specific themes.

Emerging Themes

Several themes began emerging from the text-based comments. These included: communication/miscommunication, coping skills, and zero tolerance. The themes correlated with the topics of discussion being presented in articles, conferences, and webinars across the country on this issue and correlated to the positive and negative coping behaviors reported above.

Communication/Miscommunication

Communication is an important part of any relationship whether in education or in the workplace and has been identified as a key concept in dealing with hostile environments. In bullying, communication is often identified by the receiver as rude behaviors, hazing and acts of intimidation, put-downs, gossiping, and nonverbal behaviors or gestures (Clark, 2008, 2009; Clark & Springer, 2010). These behaviors may be perceived by words, attitudes, or actions and can humiliate or injure the dignity of another individual.

A large majority of the participants identified communication or miscommunication in their comments. Some interpreted the situation as being miscommunication and not bullying behavior (e.g., "I have observed miscommunications, but not direct bullying."). One participant wrote about going to the unit's charge nurse to communicate about the behavior, but felt that the behavior and communication were ignored (i.e., "I have had to go to the charge nurse to address a fellow nurse who has been known to be a bully. Not much was done about it."). Another participant stated that, "I have confronted the bully and let them know that their behaviors were a barrier to patient care."

Coping Skills

Coping skills are an important part of dealing with any life experience. These skills allow us to deal with internal or external events that cause stress in our lives (Weiten, Lloyd, Dunn, & Yost Hammer, 2009). Stress in nursing is common given the high-paced school or work environment. Nurses will demonstrate increased levels of stress when faced with unclear roles and expectations or an imbalance of power. A lack of knowledge and skills in managing conflict may also result in increased stress and the feeling of being undervalued (Moustaka & Constantinidis, 2010) which may lead to unhealthy coping behaviors such as smoking, drinking,

or overeating. Coping skills may be either positive or negative and the participants wrote about using both types of coping with bullying behaviors:

> "I ignore it and come home to my puppy and we go hiking or running together."
>
> "I have close friends whom I talk to about my feelings and such and they listen and give advice, whether I ask for it or not."
>
> "Talking out the issue with those involved once the situation had time to calm down and was not so hostile."
>
> "Other students continuously singled me out and made hurtful jokes at my expense. I went to an instructor who told me to confront the people who were offending me. I confronted them and the behavior seemed to decline but not stop. From then on I was told by other students to ignore the behavior as this was normal occurrence for other students and myself."

Zero Tolerance

Institutions of higher learning and health care organizations have a responsibility to the public to institute and implement policies and procedures to address these behaviors. Nurses have a moral, ethical, and legal obligation to set exemplary models of behavior and practice to nursing students, each other, and the patients and families they serve (Clarke, Kane, Rajacich, & Lafreniere, 2011). Participants in this study wrote about the concept, with several expressing beliefs that these policies are not put into effect or are meaningless:

> "In the place that I work all staff members, including nurses, require to complete certain courses. Bulling has ZERO tolerance."

> “I often feel that schools and workplaces that state they have a no bullying policy often do very little in helping students that are being bullied. The only way to change bullying in nursing is to have a no tolerance policy.’

One participant, while not specifically mentioning zero tolerance, basically wrote that he or she responded with a personal "no tolerance policy":

> “I tend to be very direct. I tend to confront bullying because bullies, by and large, bully those because they can. When they realize those tactics won't work, they ease off. So, when I see that behavior, I call them on it, tell them it's inappropriate/unprofessional, and they realize I won't just cower to their display of 'power'.”

Discussion

The text-based comments made by nursing students who participated in this study clearly show that bullying and uncivil behaviors were present during their nursing education and in the workplace. Six of the 21 respondents chose to cope with the bullying behaviors they experienced by ignoring the bully. This coping behavior is not healthy as it does not address the cause of the stress and does not resolve the emotional turmoil the bullying behavior caused. Internalizing this stress can actually lead to a victim of bullying becoming a bully (Dewa, Lesage, Goering, & Caveen, 2004; MacIntosh, O’Donnell, Wuest, & Merrit-Gray, 2011) which perpetuates incivility found in both nursing programs and the nursing workplace.

Putting up barriers as a means of dealing with bullying was done by 14 of the respondents. While these respondents did not address what types of barriers they put up, other responses may give an indication of the types of barriers established. Increased use of unhealthy coping behaviors (n = 5), shouting back at the bully (n = 2) or demonstrating similar behavior (n = 2), and perceiving the behavior as a joke (n = 1) do represent possible barriers that may have

been established by some of the respondents. Interestingly, an equal number of respondents commented that they reported the behavior to a superior or an authority figure (n = 14) and two went to a physician to discuss the behavior. It was not clear if the two who went to a physician were confronting the physician as the bully or for advice.

Being involved in a situation in which bullying is occurring can lead to consequences such as stress, poor health, and economic changes; specifically, headaches, disturbances in sleep and eating patterns, anxiety, diminished energy and concentration, and depression. These may lead to increased absenteeism and possibly result in termination of employment (Dewa et al., 2004; MacIntosh, 2005). Researchers in this topic have also reported that participants suffer from fear, anger, hopelessness, lack of self-confidence or joy, burnout, long-term fatigue and general distress (Einarsen, 2000; MacIntosh, Wuest, Gray & Aldous, 2010, p 911).

The central problem for participants in this study is that bullying causes a disruption in the self-care of nurses and nursing students as noted by the reported negative behaviors (e.g., increased use of unhealthy coping behaviors such as smoking, overeating, and increased alcohol consumption). The disruption of self-care characteristics may worsen as these individuals are continually exposed to bullying and have diminished control over their work environments, feelings of uncertainty, and stress. Possibly leading to more serious consequences such as: emotional, physical, financial, and social issues (MacIntosh, O'Donnell, Wuest & Merrit-Gray, 2011).

Part of the process of graduating nursing students at any level of education is socialization to the profession, ensuring that the new graduate understands the role of the nurse (Hood & Leddy, 2009). This begins the first day a pre-licensure nursing student enters the nursing classroom and continues through to the first several years as a new nurse. This process

is also part of the changing in roles that licensed nurses' experience in the graduate level of nursing education. From the text-based comments in this study, bullying and incivility are being experienced by nursing students, thus becoming inculcated as part of their socialization into the nursing profession.

Zero-tolerance to bullying in the workplace for nurses is poorly documented despite the number of studies published on the topic in the United States. Nurses appears to be the most common perpetrators of bullying of other nurses and actively participate in this culture of oppression and violence (Jackson, Clare, & Mannix, 2002; Simons, Stark, & DeMarco, 2011). The link between bullying in the workplace and educational setting, recruitment and retention, diminished job performance, and health concerns cannot be ignored. Bullying and harassment may be so endemic that it has become an activity which is taken-for-granted or expected, as evidenced by the saying "nurses eat their young". Does this mean that nursing leaders promote or ignore this type of behavior?

Interventions directed at individual nurses or nurse leaders, educating them about bullying and how to reduce bullying, has not been supported in the literature as being effective (Johnson & Rea, 2009; Simons, Stark, & DeMarco, 2011). Bullying exerts a profound effect on the workplace environment, health and well-being of the individual, and safety of the patients nurses serve. This must be addressed as part of the overall strategy to deal with turnover, recruitment of new nurses, and nursing faculty (Cooper et al., 2009; Jackson et al., 2002; Johnson & Rea, 2009; Simons, Stark, & DeMarco, 2011).

Limitations

Limitations are related to the decision of participants to provide additional information to the text-based response at the end of the survey. The size of the sample and restriction to one

southwest university in the United States, along with the qualitative methodology, do limit any generalizations possible to other groups and populations.

Conclusions

This study, while limited in scope, does allow for some conclusions. Bullying, rarely recognized by nursing and nursing education, is a very real part of our profession. Bullying behaviors were identified by graduating nursing students, some of whom stated that they were bullied by their classmates and told to ignore the behavior. For nursing to deal with the horizontal/lateral violence, incivility, and bullying within the profession, the first step must be for nurse educators to accept that these behaviors start in nursing programs. There is a dearth of extant studies which discuss potential interventions related to bullying in nursing education. The results of this study should begin to help identify the extent of bullying in nursing education and, from this, help nurse educators create interventions to deal with these behaviors, as well as design educational offerings to teach nursing students about bullying and incivility in academia and practice.

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