Bullying in Nursing: Implementing Solutions for Practice

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Background

○ Incivility and bullying is increasing

(Al-Hamdan, Manojlovich, & Tanima, 2017; Attell, Brown, & Treiber, 2017; Butler, Prentiss, & Benaamor, 2018; Chang, Carter, Ng, Flynn, & Tan, 2017; Edmonson, Bolick, & Lee, 2017; Hoguh et al., 2016; Manton, 2017; Meires, 2018; Salin & Notelaers, 2017)

○ Interpersonal hostility, bullying, toxic work environments are documented in nursing

(Adriaenssens, De Gucht, & Maes, 2015; Christie & Jones, 2014; Dellasega, Volpe, Edmonson, & Hopkins, 2014; Elmblad, Kodjebacheva, & Lebeck, 2014; Flinkman & Salanterä, 2015; Park, Cho, & Hong, 2015)

Background

- Define the problem
- Multiple names – multiple meanings

Background

- Frequently examined within the literature

- Recognized epidemic

- Still continues

(Castronovo, Pullizzi, & Evans, 2016; Coile, 2016; Edmonson et al., 2017; Fleming, 2016; Giorgi et al., 2016; Granstra, 2015; Manton, 2017; Wilson, 2016; Wolf, Perhats, Clark, Moon, & Zavotsky, 2017)

Background

- Turnover as a result of bullying

- Incivility and bullying becoming more rampant

(Bruyneel , Thoelen , Adriaenssens , & Sermeus , 2017; Blackstock, Harlos , Macleod, & Hardy, 2015; Fitzpatrick, Campo, & Lavandero , 2011; Flinkman & Salanterä , 2015; Flinkman , Isopahkala - Bouret , & Salanterä , 2013; Oyeleye , Hanson, O'Connor, & Dunn, 2013; Tarcan , Hikmet , Schooley, Top, & Yorgancıoglu Tarcan , 2017).

Background

○ Incivility, interpersonal hostility, lateral and horizontal violence, and toxic work environments are issues many nurses deal with daily

(Adriaenssens et al., 2015; Christie & Jones, 2014; Dellasega et al., 2014; Elmblad et al., 2014; Park et al., 2015)

Background

Negative outcomes as a result of bullying behaviors have been identified to increase:

- Intent to leave the profession
- Department turnover
- Health issues
- Mental health issues (depression)

(Al-Hamdan et al., 2017; Arnold & Walsh, 2015)

HealthLeaders   TOPICS   RESEARCH   EVENTS   RESOURCES   SUBSCRIBE

ANALYSIS

NURSE SUICIDE IS REAL. DON'T IGNORE IT.

BY JENNIFER THEW RN | JUNE 12, 2018

TOPICS   Nurse leaders should recognize and respond to factors that contribute to nurse suicide. Here are three actions you can take to

SIGN IN   SEARCH THE ARCHIVE

Nursing Times   'Our awards show just how much nurses can achieve'
STEVE FORD, EDITOR

HOME   NEWS   CLINICAL   LEARNING UNITS AND PORTFOLIO   STUDENTS   OPINION   EVENTS   JOBS   SUBSCRIPTION OPTIONS

↪ REVIEWS AND REPORTS

London nurse who killed himself after being sacked was 'treated unfairly', finds review

9 AUGUST, 2018 | BY GEMMA MITCHELL

The boss of one the largest NHS trusts in the country has apologised after an independent investigation found a nurse who took his own life after being sacked was treated unfairly.

Evidence

○ Descriptive study:
  ○ Survey using six validated tools
  ○ RNs in southeastern US
  ○ N = 345
  ○ Findings:
    ○ 40% victims of bullying behavior within the previous six months
    ○ 68% witnessed co - workers being bullied

(Sauer & McCoy, 2018)

Penny A. Sauer
Thomas P. McCoy

Nurse Bullying and Intent to Leave

- Negative Acts Questionnaire
- Perceived Stress Scale
- Resilience Scale

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Evidence

- Descriptive study:
  - Survey using four tools
  - RNs at western Canadian hospital
  - N = 103
  - Findings:
    - Found positive association between bullying acts and intent to leave the organization

(Blackstock et al., 2015)

The impact of organisational factors on horizontal bullying and turnover intentions in the nursing workplace

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BLACKSTOCK S., HARLOS K., MACLEOD M.L.P., & HARDY C.L. (2015) Journal of Nursing Management 23, 1106–1114.
The impact of organisational factors on horizontal bullying and turnover intentions in the nursing workplace

Aim To examine the impact of organisational factors on bullying among peers (i.e. horizontal) and its effect on turnover intentions among Canadian registered nurses (RNs).
Background Bullying among nurses is an international problem. Few studies have examined factors specific to nursing work environments that may increase exposure to bullying.
Methods An Australian model of nurse bullying was tested among Canadian registered nurse coworkers using a web-based survey (n = 103). Three factors – misuse of organisational processes/procedures, organisational tolerance and reward of bullying, and informal organisational alliances – were examined as predictors of horizontal bullying, which in turn was examined as a predictor of turnover intentions. The construct validity of model measures was explored.
Results Informal organisational alliances and misuse of organisational processes/procedures predicted increased horizontal bullying that, in turn, predicted increased turnover intentions. Construct validity of model measures was supported.
Conclusion Negative informal alliances and misuse of organisational processes are antecedents to bullying, which adversely affects employment relationship stability.
Implications for nursing management The results suggest that reforming flawed organisational processes that contribute to registered nurses' bullying experiences may help to reduce chronically high turnover. Nurse leaders and managers need to create workplace processes that foster positive networks, fairness and respect through more transparent and accountable practices.

Keywords: Canada, horizontal, registered nurses, turnover intentions, workplace bullying

Accepted for publication: 21 July 2014

Introduction

As the World Health Organisation's Health Work-force Decade (2006–15) draws to a close, stemming nurse turnover continues to be a key focus, given the high rates of turnover and high replacement costs (Tai et al. 1998), which in the USA range between $22 000 and $64 000 (US) per nurse (Jones & Gates

Evidence

- Descriptive cross‑sectional design study:
  - Survey using two tools
  - RNs in tertiary hospitals in South Korea
  - N = 508
  - Findings:
    - Direct relationship between ↓ job satisfaction (due to bullying behaviors) and intent to leave

(Oh, Uhm, & Yoon, 2016)

Workplace Bullying, Job Stress, Intent to Leave, and Nurses' Perceptions of Patient Safety in South Korean Hospitals

Hyunjin Oh ▼ Dong-choon Uhm ▼ Young Joo Yoon

Background: Negative work environments influence the ability of nurses to provide optimal patient care in a safe environment.

Aim: The purpose of the study was to test a model linking workplace bullying (WPB) and lateral violence (LV) with job stress, intent to leave, and, subsequently, nurse-assessed patient adverse outcomes (safety issues).

Design: This descriptive-correlational study examined the relationships between study variables and used a structural equation model to test the validity of the proposed theoretical framework.

Methods: A convenience sample of 508 clinical nurses working in eight general hospitals in Daejeon, South Korea, completed a questionnaire on measures of WPB, LV, job stress, intent to leave, and nurse-assessed patient safety. Analysis of moment structures was used to estimate a set of three models with competing measurement structures for WPB and LV and the same structural model. Akaike Information Criterion was used for model selection.

Results: Among the three proposed models, the model with complex factor loadings was selected (WPB and LV were both associated with verbal abuse and physical threat). WPB directly and indirectly influenced nurse-assessed patient safety. Job stress directly influenced intent to leave, and intent to leave directly influenced nurse-assessed patient safety.

Conclusions: The results of the study support the proposition that WPB, job stress, and intent to leave may be associated with nurse-perceived adverse outcomes (patient safety issues) in hospitals. Nurse perceptions of WPB were associated with nurse-assessed patient safety outcomes (adverse events) directly and through mediating job stress and intent to leave. LV was not associated with the mediators or nurse-assessed adverse outcomes (safety).

Key Words: bullying ● hospitals ● intent to leave ● nurses ● patient safety ● psychological stress ● South Korea

Nursing Research, September/October 2016, Vol 65, No 5, 380–388

- Negative Acts Questionnaire
- Lateral Violence scale

Evidence

48%
intentionally
⬇ their work effort.

38%
intentionally
⬇ the quality of
their work.

80%
lost work time
worrying about the
incident.

66%
said that their
performance
declined.

63%
lost work time
avoiding the
offender.

12%
said that they
left their job because of the
uncivil treatment.

78%
said that their
commitment to the
organization declined.

(Porath & Pearson, 2010, p.64-65)

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Evidence

Among workers who have been on the receiving end of incivility:

94% of targets, get even with bullies

88% of targets, get even with their organization

(Porath & Pearson, 2010, p.64 - 65)

Lewis and Malecha

———

o Workplace bullying and incivility cost facilities on average of $11,581 per nurse, per year

(Lewis & Malecha, 2011)

If only 10% of nurses at the facility experienced incivility or bullying in the workplace, the cost would be > $1.3M per year in lost productivity.

Background

- ○ Communicating is often uneasy

- ○ A positive work culture relies on effective and civil communication

(Blosky & Spegman , 2015; Brockman-Weber, 2016; Drahnak, Hravnak , Ren, Haines, & Tuite, 2016; Hartung & Miller, 2013; Liaw, Zhou, Lau, Siau, & Chan, 2014)

Gaps

- Descriptive studies

- Solutions needed

Purpose

- Examine if an educational activity can:

  1. Increase civility

  2. Increase comfort level in holding conversations

Conceptual Framework

(Ren & Kim, 2017, p. 702)

Model

Inquiry → PRACTICE / LEARNING (Practice Question → Evidence → Translation) → Best Practices → Practices Improvements (Clinical, Learning, Operational)

The Johns Hopkins Nursing Evidence-Based Practice Model (Dearholt & Allan, 2018, p. 36)
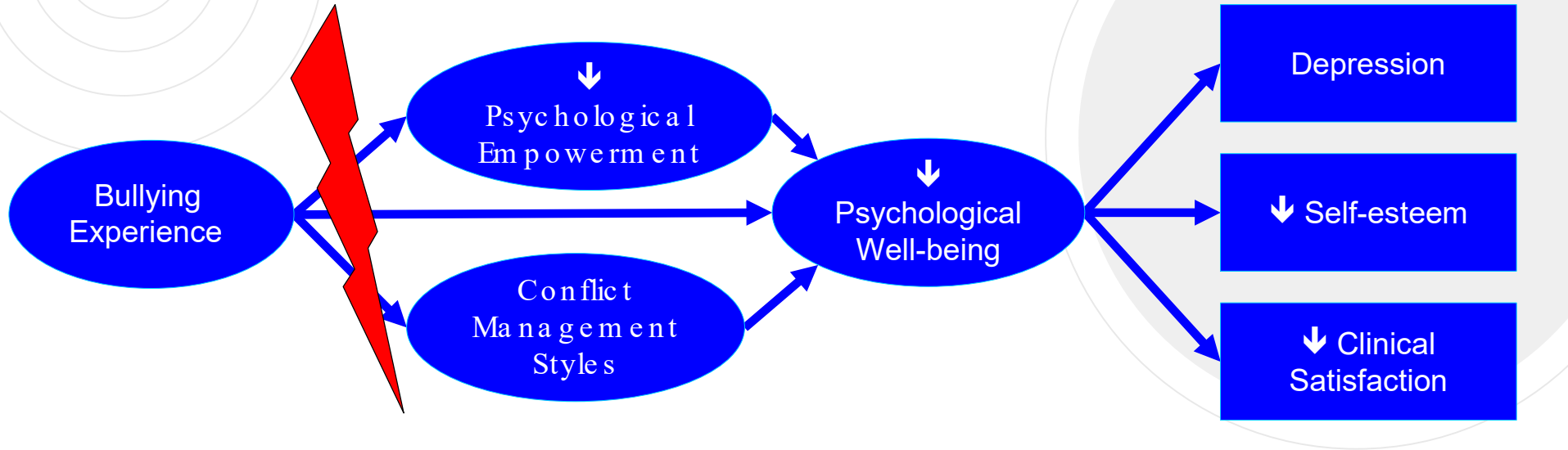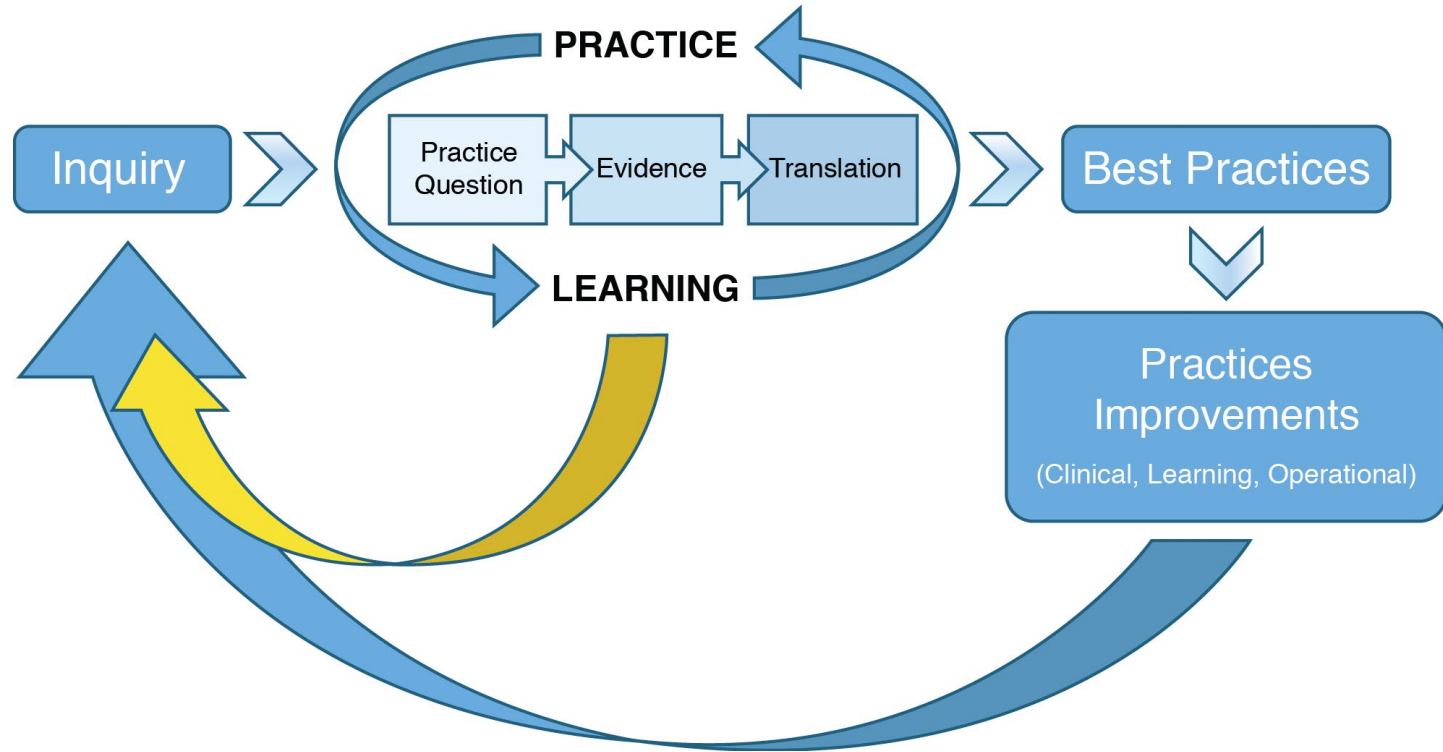
Logic Model
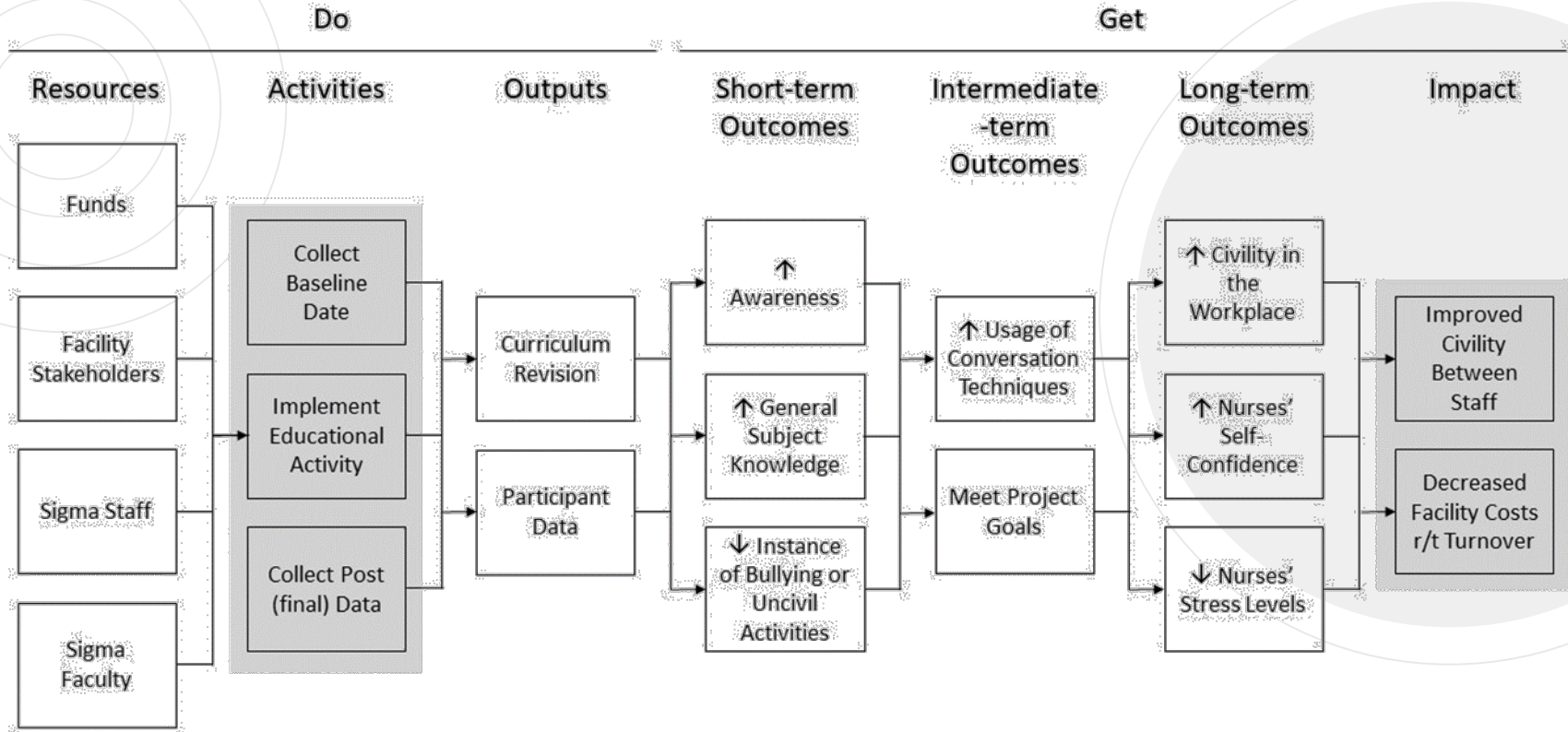
Visual tool to represent the relationships between resources and ultimate impact of the project

Project Design

○ A quasi - experimental mixed methods design study

Pre-intervention

Post-intervention

Experimental Group

Non-random assignment to groups

| EG 1 | → | Intervention | → | EG 2 |

Control Group

| CG 1 | ⟶ | CG 2 |
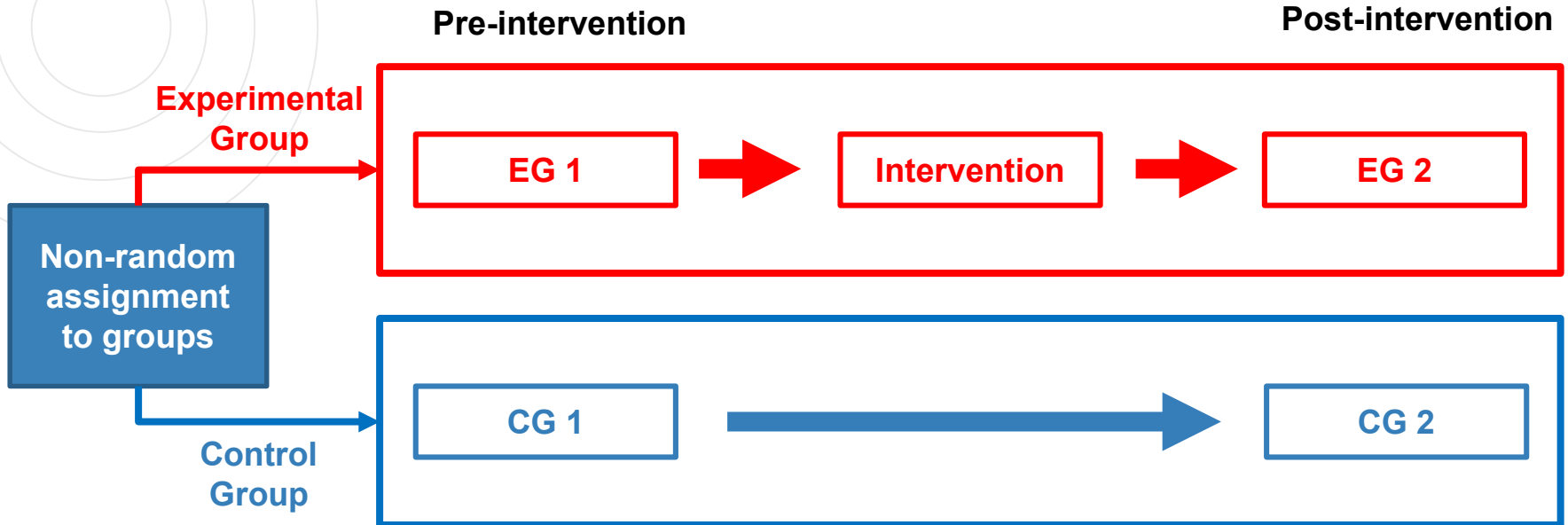
EG 1, **CG 1** = Pre-intervention data collection point
EG 2, **CG 2** = Post-intervention data collection point

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Project Design

○ Inclusion criteria

Experimental Group

✓ **Eskenazi Health RN's**
✓ **Currently in standard nursing orientation (between April 2018 and June 2018)**

Non-random assignment to groups

Control Group

✓ **Eskenazi Health RN's**
✓ **Completed standard nursing orientation within the last calendar year (between April 2017 and March 2018)**
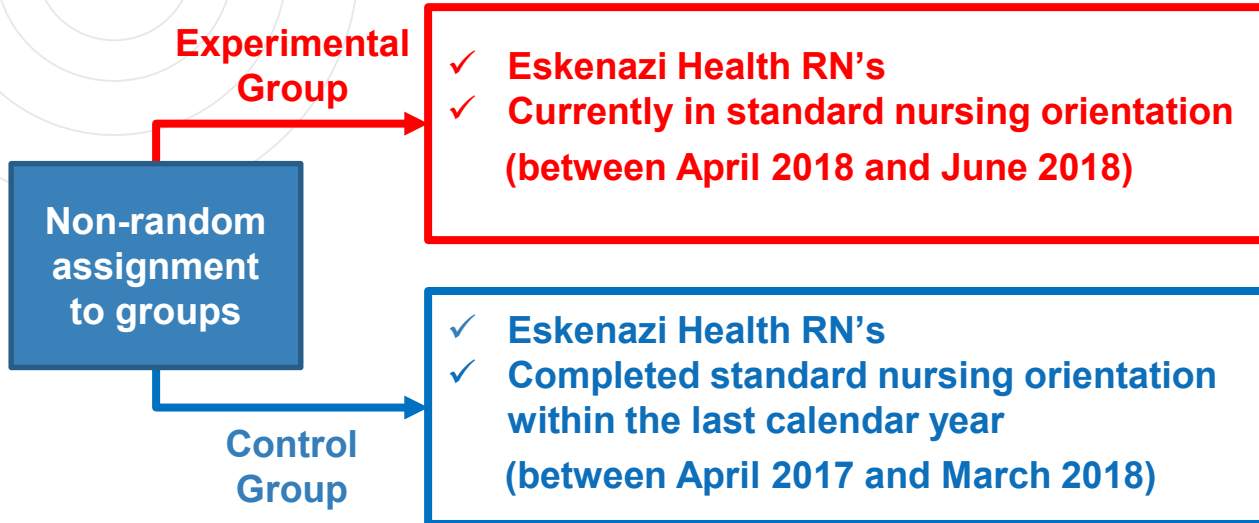
Sent to all nurses who meet inclusion criteria:
Burn
Critical Care (ICU)
Emergency Department
Acuity Adaptable
Clinics
OB
Operating Suite
Psychiatry
Interventional Suites

Over 250 met inclusion criteria (N = 266)

Project Design

○ Data collection information

Pre-intervention   **Post-intervention**
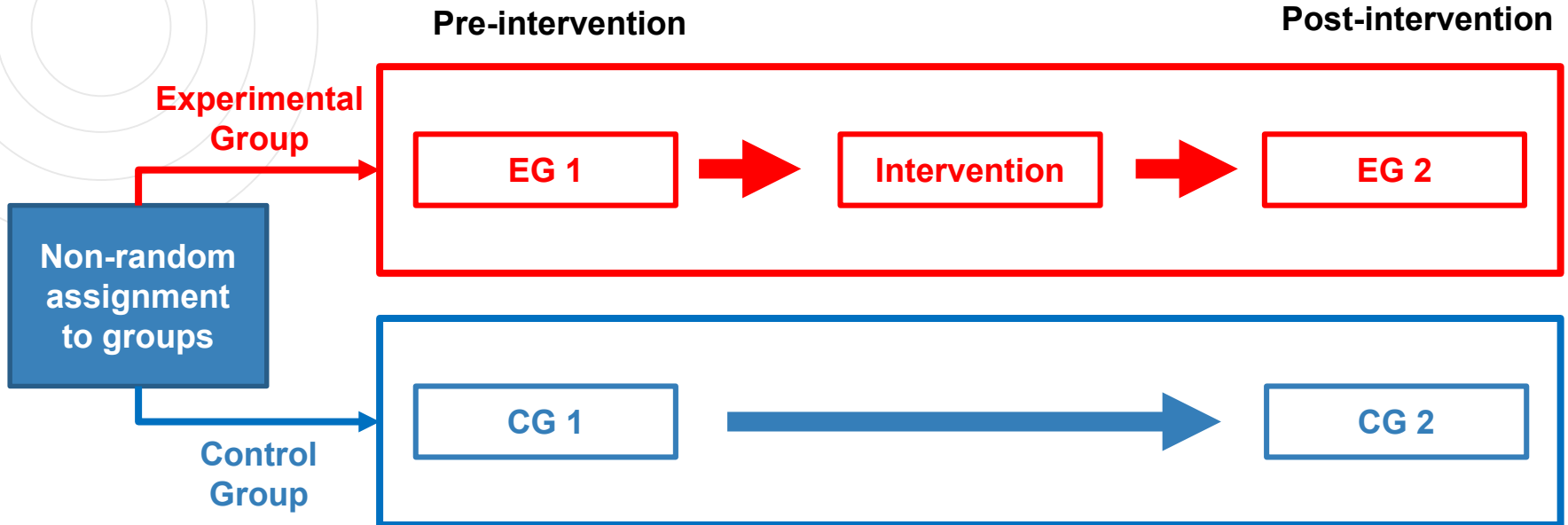
EG 1, **CG 1** = Demographics, Workplace Civility Index, Negative Acts Questionnaire- Revised
EG 2, **CG 2** = Workplace Civility Index
EG 2   = Intervention specific questions

Validated Data Collection Tools Utilized

Workplace Civility Index

A validated evidence-based questionnaire constructed to assess a nurses' personal civility and increase personal awareness related to personal actions and intentions.

Negative Acts Questionnaire - Revised

A validated 22-item instrument that was developed at a university in Bergen, Norway. This instrument measures perceived exposure to bullying and harassment while at work. The tool can identify targets of bullying who will have a larger score compared to non-targets.

(Clark, 2017; Clark, Sattler, & Barbosa-Leiker, 2018)

(Einarsen, Hoel, & Notelaers, 2009)

Project Design

○ The intervention

Pre-intervention   **Post-intervention**

Experimental Group

Non-random assignment to groups

| EG 1 | ➡ | *Intervention* | ➡ | EG 2 |
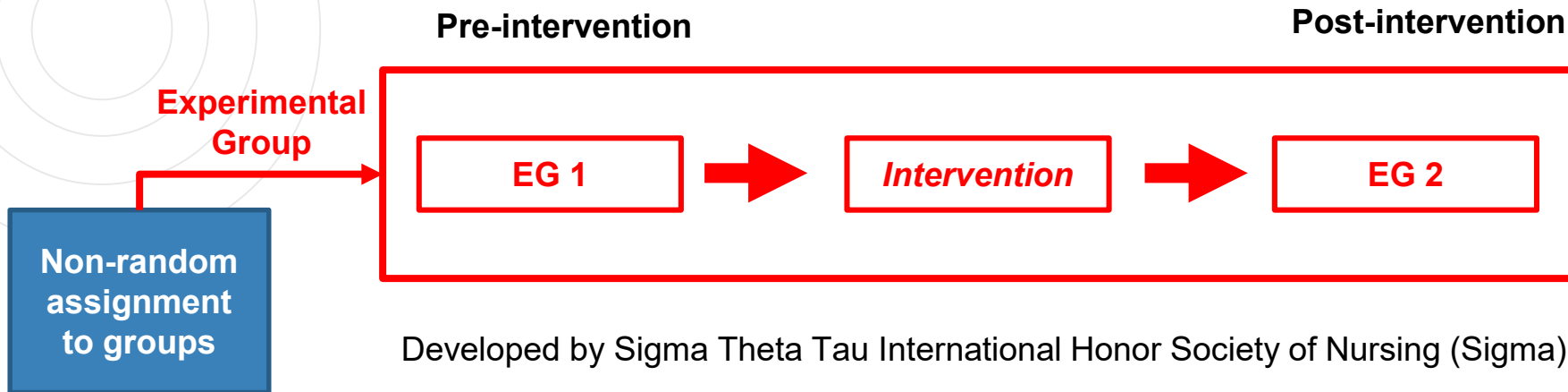
Developed by Sigma Theta Tau International Honor Society of Nursing (Sigma)

Bullying in the Workplace: Solutions for Nursing Practice

Time: ~2 hours 40 minutes   Authors from around the world

Evidence based solutions   Innovative branching scenarios
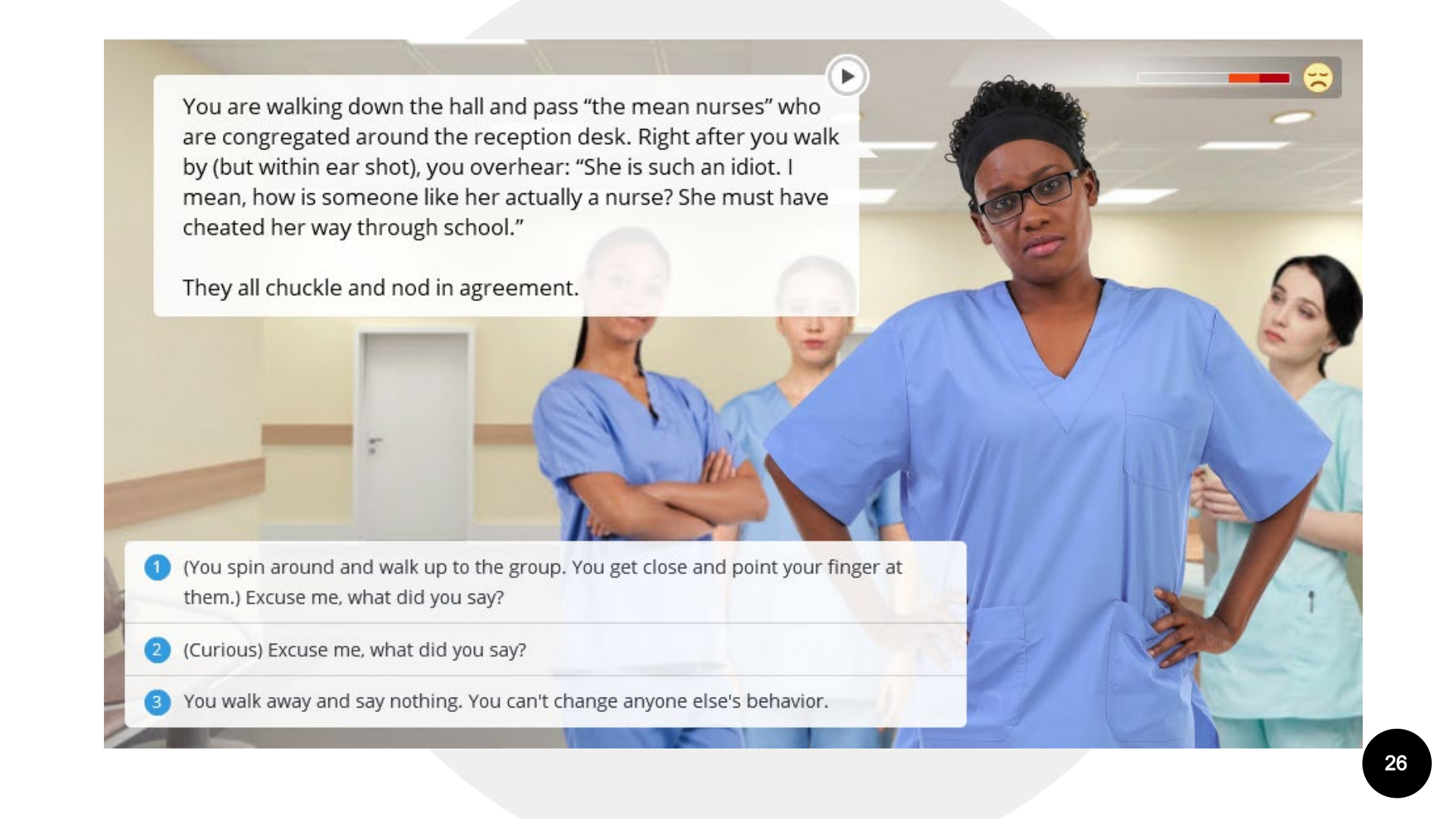
Branching Scenarios

○ Case studies
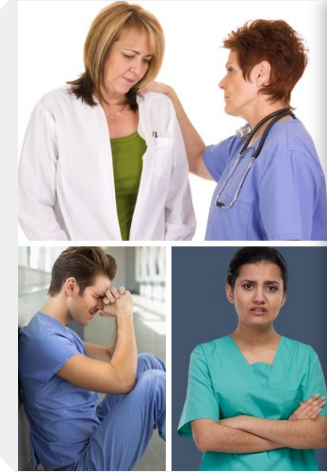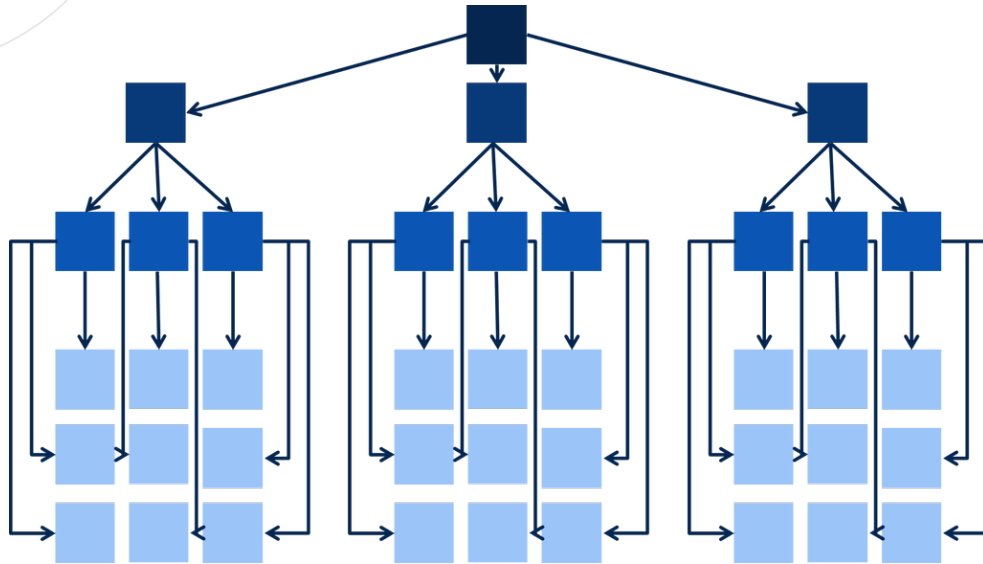
You are walking down the hall and pass "the mean nurses" who are congregated around the reception desk. Right after you walk by (but within ear shot), you overhear: "She is such an idiot. I mean, how is someone like her actually a nurse? She must have cheated her way through school."

They all chuckle and nod in agreement.

1. (You spin around and walk up to the group. You get close and point your finger at them.) Excuse me, what did you say?

2. (Curious) Excuse me, what did you say?

3. You walk away and say nothing. You can't change anyone else's behavior.

Branching Scenario Development

Most helpful choices
Moderately helpful choices
Least helpful choices

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BULLYING IN NURSING: Solutions for Nursing Practice

CNE

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Project Design

◦ Measure of success

Pre-intervention   **Post-intervention**

Experimental Group

| EG 1 | ➡ | *Intervention* | ➡ | EG 2 |

Non-random assignment to groups
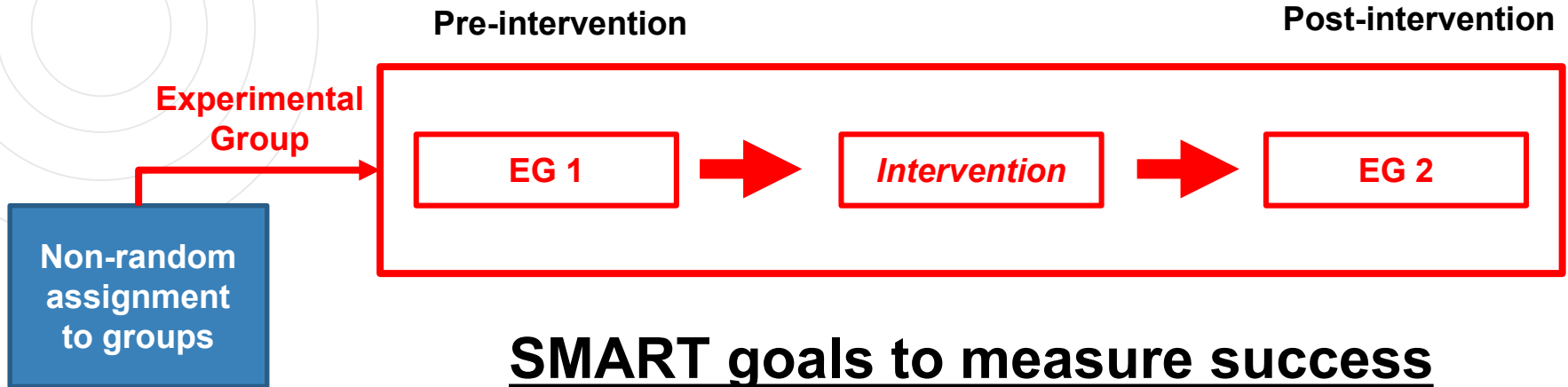
SMART goals to measure success

✓ More than 80% of participants will have increased their WCI score.

✓ More than 80% of participants will have implemented at least one positive conflict management strategy effectively.

Data Analysis

○ Survey's via Qualtrics

○ Data analysis via Microsoft Excel

Study Participants:

Control Group	28
Experimental Group	21
Total	49

Invited	266
Responded	70
Completed	49
Rate	18%

Data Analysis

○ Educational Background

	Control	Experimental	Total
Associate Degree	25.0%	23.8%	24.5%
Baccalaureate Degree	60.7%	61.9%	61.2%
Master's Degree	14.3%	9.5%	12.2%
Doctoral Degree	0.0%	4.8%	2.0%

Data Analysis

○ Demographics

	Control	Experimental	Total
Critical Care (ICU)	32.1%	9.5%	22.4%
Emergency Department	17.9%	23.8%	20.4%
Acuity Adaptable	17.9%	23.8%	20.4%
Clinic (any clinic)	17.9%	19.0%	18.4%
OB	7.1%	9.5%	8.2%
Operating Suite	3.6%	9.5%	6.1%
Psychiatry	0.0%	4.8%	2.0%
Interventional Suites	3.6%	0.0%	2.0%

Data Analysis

○ Demographics

	Control	Experimental	Total
1946-1962	3.6%	4.8%	4.1%
1963-1980	32.1%	28.6%	30.6%
1981-1994	50.0%	52.4%	51.0%
1995-2009	14.3%	14.3%	14.3%

	As Nurse Total	In HC Total
0-1 years	41%	8%
2-3 years	27%	22%
4-5 years	6%	24%
6-7 years	10%	10%
8-9 years	2%	6%
10-15 years	2%	12%
16-20 years	6%	6%
21-25 years	2%	6%
26-30 years	4%	2%
31-35 years	0%	2%

Validated Data Collection Tools Utilized

Workplace Civility Index

A validated evidence-based questionnaire constructed to assess a nurses' personal civility and increase personal awareness related to personal actions and intentions.

Scoring the Civility Index	
Very civil	90-100
Civil	80-89
Moderately civil	70-79
Minimally civil	60-69
Uncivil	50-59
Very uncivil	<50

(Clark, 2017; Clark, Sattler, & Barbosa-Leiker, 2018)

Data Analysis

Workplace Civility Index

- Paired two sample t-test
- These changes were significantly significant

Experimental Group	WCI Pre Test Total	WCI Post Test Total
Mean	91.57	95.43
Variance	26.76	5.86
Observations	21	21
Pearson Correlation	0.97	
df	20	
t Stat	-6.16	
P(T<=t) one-tail	2.54	
t Critical one -tail	1.725	
P(T<=t) two-tail	5.09	
t Critical two -tail	2.056	

$(t = -6.16, p = <0.0001)$

Control Group	WCI Pre Test Total	WCI Post Test Total
Mean	88.21	80.21
Variance	44.62	103.06
Observations	28	28
Pearson Correlation	0.26	
df	27	
t Stat	3.99	
P(T<=t) one-tail	0.00022	
t Critical one -tail	1.703	
P(T<=t) two-tail	0.000454	
t Critical two -tail	2.052	

$(t = 3.99 \text{ and } p = .000227)$

Data Analysis

○ Mean WCI scores by age ranges by grouping

	Pre-Intervention	Post-Intervention	
Control Group	88.2	80.2	↓ -8.0
Baby Boomers	96	75	↓ -21.0
Generation X	90.6	84.8	↓ -5.8
Millennials	88	78.6	↓ -9.4
Post-Millennials	81.8	76.8	↓ -5.0
Experimental Group	91.6	95.4	
Baby Boomers	93	95	
Generation X	90.8	95.2	
Millennials	91	95.2	↑ 2.0 – 4.3
Post-Millennials	94.7	97	
Grand Total	89.7	86.7	

Results
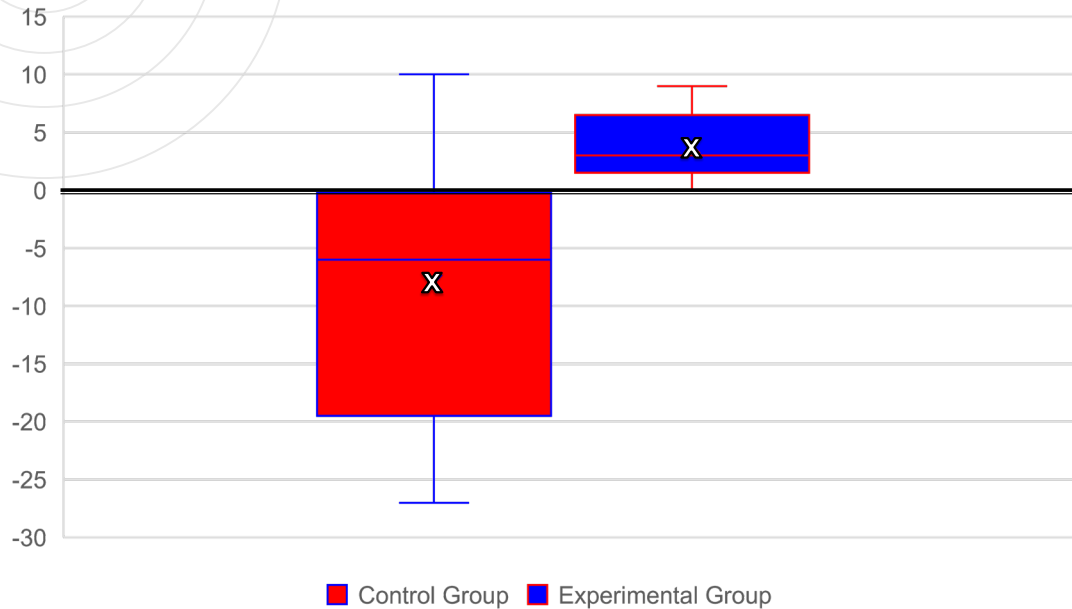
Box and Whisker Chart

○ Differences in the pre -
   and post - intervention

Validated Data Collection Tools Utilized

Scoring the NAQ - R	
Not bullied	$\leqslant$ 32
Occasionally bullied	33 – 45
Bullied	$\geq$ 46

Scores range from 22 - 110

Negative Acts Questionnaire - Revised

A validated 22 - item instrument that was developed at a university in Bergen, Norway. This instrument measures perceived exposure to bullying and harassment while at work. The tool can identify targets of bullying who will have a larger score compared to non - targets.

(Einarsen et al., 2009; Notelaers & Einarsen, 2013)

Results

Overall Mean = 33.59

Control Group   M = 32.54, SD = 8.88

Experimental Group   M = 35.00, SD = 21.16

Scoring the NAQ -R	
Not bullied	$\leqslant 32$
Occasionally bullied	$33 - 45$
Bullied	≥ 46

Scores range from

22 - 110

Results

Mean NAQ-R scores by group

The proportion in the three categories are not significantly different between the two groups.

Negative Acts Questionnaire - Revised
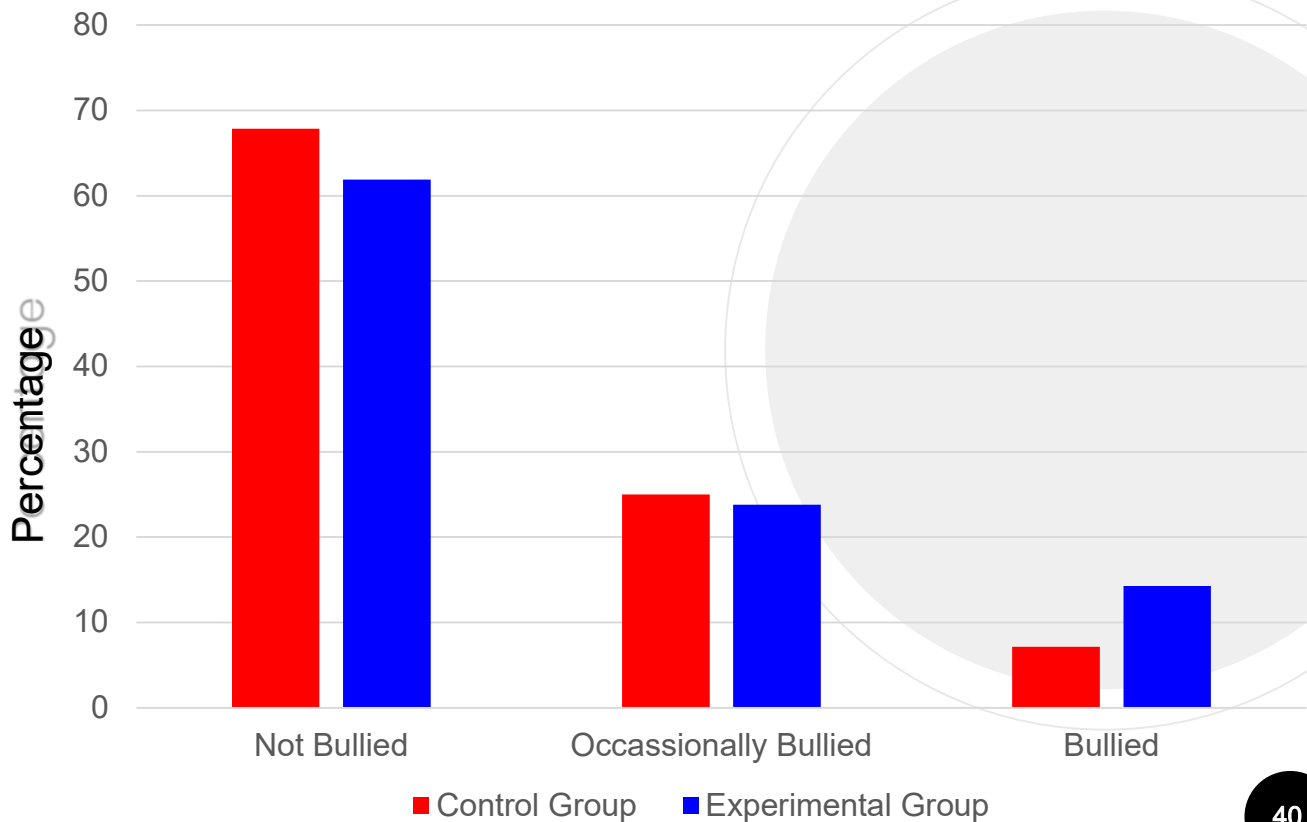
Results

- The P‑Value is 0.714623. The result is not significant at p < 0.05.

- The proportion in the three categories are not significantly different between the two groups.

Chi‑square statistic	χ^2	0.67204861
D.f.		2
p‑value		0.714605737

Results

Negative Acts Questionnaire   - Revised
Have you been bullied at work over the
last six months?

Control Group	
No	75.0%
Yes, but only rarely	14.3%
Yes, now and then	7.1%
Yes, several times per week	3.6%
Yes, almost daily	0.0%
Experimental Group	
No	81.0%
Yes, but only rarely	4.8%
Yes, now and then	0.0%
Yes, several times per week	9.5%
Yes, almost daily	4.8%

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Results – connection to framework and purpose
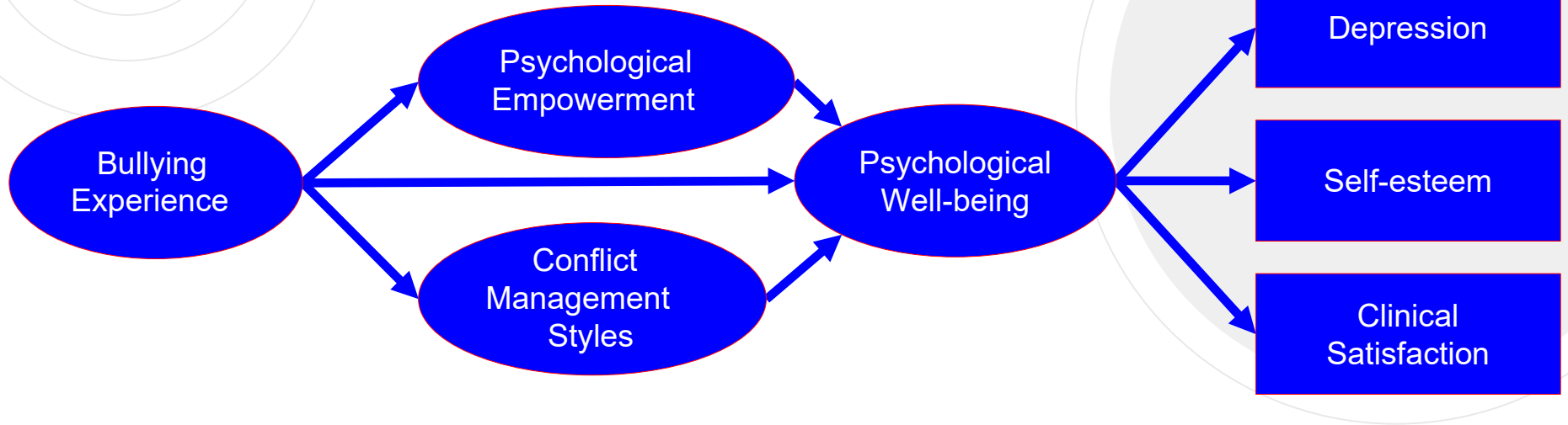
(Ren & Kim, 2017, p. 702)

Recommendations

○ Review measures of success:

✓ More than 80% of participants will have increased their WCI score.

100% experimental group increased WCI scores (pre-intervention M= 91.6, post-intervention M= 95)

(t = -6.16, p = < 0.0001)

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Recommendations

○ Review measures of success:

✓ More than 80% of participants will have implemented at least one positive conflict management strategy effectively.

One participant noted, "I felt comfortable having a conversation that needed to happen a long time ago".

Another participant stated, "I took the opportunity to have a conversation with a tech that has been very dismissive. The conversation went well, but time will tell".

Another participant noted, "the course did give me the tools to speak with a physician in a positive way".

Conclusions

- The implementation of Sigma's " *Bullying in the Workplace: Solutions for Nursing Practice* "provided early evidence to support that an asynchronous provider-directed, learner-paced e-Learning educational activity *can effectively* decrease incivility and increase perceived comfort with holding critical conversations between nurses.

BULLYING
IN NURSING:
Solutions for
Nursing
Practice

CNE
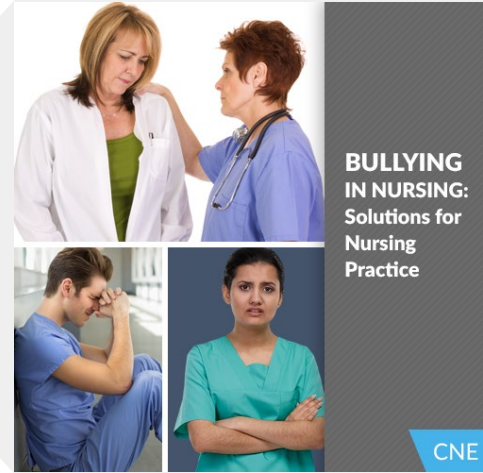
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