

Nursing and Bullying

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Berry, P.A., Gillespie, G.L., Gates, D., & Schafer, j. (2012). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship*, 44(1), 80-87.
doi: 10.1111/j.1547-5069.2011.01436.x

Peggy Berry is a University of Cincinnati, College of Nursing graduate student. Dr. Gates has been studying workplace violence since 1994. In this informative article for other healthcare professionals, it is found that productivity of Caucasian/white nurses declines with daily bullying, whereas ethnic nurse productivity showed no significant decline. Reduced productivity was seen on all levels when the perpetrator was in a superior position. Thesis statement “Retaining Novice Nurses is problematic because the experienced nurses expected to mentor and provide support to Novice Nurses are the primary perpetrators of workplace bullying” (p. 80). Workplace bullying is role modeled by senior nurses and is an expected social norm, which leads to perpetrators not recognizing their actions as problematic.

Broome, B.S., & Williams-Evans, S. (2011). Bullying in a caring profession: reasons, results and recommendations. *Journal of Psychosocial Nursing*, 49(10), 30-35.
doi: 10.3928/02793695-20110831-02

In this informative journal article, bullying is defined and sub-categorized into vertical and horizontal bullying. Consequences of bullying are enumerated including depression, physical symptoms, and increased absenteeism for the victim as well as poor patient outcomes for the patient of the victim. Strategies for combatting bullying are also laid out including education, the development of a code of conduct, as well as

pharmacological and counseling services for the victim. Some excuses for bullying are listed including “kidding around, joking, or helping a person develop a thick skin” (p.33).

Thesis: “Evidence shows that bullying among nurses affects both retention of nurses at the bedside and patient outcomes” (p.31).

MacKusick, C.I., & Minick, P. (2010). Why are nurses leaving? findings from an initial qualitative study on nursing attrition. *Medsurg Nursing*, 19(6), 335-340.

This study has a limited sample size of ten participants, eight female and two male, all of whom practiced nursing for more than one year, but who have not practiced nursing in the last six months. Unfriendly workplace was listed by all participants. This included being ignored or left alone, “belittling confrontations, sexual harassment, or gender abuse with co-workers” (p. 337). Quotes from study participants are included describing specific situations. *Thesis*: “While an abundance of data exists regarding the RN who stays at the bedside, few studies have explored the perceptions of the RN who decides to leave clinical nursing” (p. 335).

Stagg, S.J., Sheridan, D., Jones, R.A., & Speroni, K.G. (2011). Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting. *The Journal of Continuing Education in Nursing*, 42(9), 396-400. doi: 10.3928/00220124-20110823-22

According to this source, cognitively rehearsed responses to common bullying behaviors reduced bullying in the workplace. Scenarios were introduced and responses were generated in order to manage bullying and de-escalate the situation; 62 staff nurses

participated in the study. Bullying behaviors were listed. 80% of the sample reported workplace bullying. Conclusion: “Practicing the responses before actual use helped to build the nurse’s self-confidence in performing the technique (immediately challenge the bully with a recommended response) in difficult bullying situations” (p.399). *Thesis*: “Workplace bullying is a serious problem faced by many registered nurses nationally. Bullying among staff nurses can be substantial, resulting in considerable consequences for the bullied target, the nursing profession, the organization, and the patient” (pp.395-396).

Warren, B.J. (2011). Two sides of the coin: the bully and the bullied. *Journal of Psychosocial Nursing*, 49(10), 22-29. doi: 10.3928/02793695-20110830-01

In this continuing education article for nurses, descriptions of the typical bully and bullied personality are listed. Symptoms associated with being bullied are divided into children and adult categories. Resources for further education are provided including online and books. Some strategies are pulled from these resources and described to accurately assess and manage bullying as well as its effects. *Thesis*: “The bully and the bullied have distinctive mental health issues that require careful assessment. Psychiatric-mental health nurses need to educate others within the society about bullying, conduct screenings to identify those at risk, as well as develop, implement, and/or coordinate assessments and treatment within school and workplace settings” (p.23).