Chapter 2
Workplace Bullying and Violence

ABSTRACT

Bullying in nursing is not a problem existing only in the United States. Nurses internationally are affected by workplace incivility and bullying. Chapter 2 explores the phenomenon of bullying and incivility in nursing in countries such as Israel, Turkey, and Australia. Uncivil conduct experienced by nursing students, faculty, administrators, clinical nurses, and clinical faculty are discussed through the examination of current issues in various workplace settings that nurses work within. Imbalances of workplace tranquility and disruption influence work-life balance, as nurses attempt to find ways to cope with bullying and incivility. The latter potentially leading to organizational issues with retention and turnover of nursing staff.

INTRODUCTION

According to Warner, Sommers, Zappa, & Thornlow (2016), workplace incivility is underreported and unrecognized. Trending of the incidence and prevalence of workplace incivility can be difficult. It can therefore be inferred, that many victims of incivility in nursing practice do not often seek help and suffer in silence. Lachman (2014) noted that “Incivility, bullying, and horizontal/lateral violence are examples of workplace mistreatment that injure individual nurses and the ethical climate of the organization. When these behaviors are allowed, nurse job satisfaction and even retention are affected” (p. 58).

DOI: 10.4018/978-1-5225-7341-8.ch002

Copyright © 2019, IGI Global. Copying or distributing in print or electronic forms without written permission of IGI Global is prohibited.
Nurse Bullying Is International

Bullying and incivility in nursing is not a phenomenon limited to the United States. In studies conducted in Australia (61%, n= 762; Allen, Holland, & Reynolds, 2015), Greece (30.2%, n= 841; Karatza, Zyga, Tziaferi, & Panagiotis, 2016), Israel (29%, n= 156; Ganz et al., 2015), and Turkey (21.8%, n= 284; Bardakci & Gunussen, 2016) results ranged from 21.8% to 72.6% of nurses having reported experiencing bullying in the workplace. Etienne (2014) reported that 48% (n= 95) of nurses in the United States have experienced workplace bullying. As concern arises about bullying and incivility within the nursing profession, it is suspected that this percentage within the United States may be higher (Beecher & Visovsky, 2012; Wilson, Diedrich, Phelps, & Choi, 2011). Rainford et al. (2015) studied lateral violence (violence displaced on one’s peers and not an adversary) within health care settings and found that approximately 97% of nurses have been targets of bullying within the workplace or have witnessed other nurses being bullied.

Incivility in the Clinical Nursing Environment

In the clinical settings, nurse-to-nurse incivility impacts the health and well-being of not only the affected nurse, but the patients in the nurse’s care. Because nurses who experience incivility may feel devalued and question their own abilities, patients are placed at risk as the victimized nurse becomes ambivalent in executing sound clinical judgement and critical thinking (Peters 2014). The Joint Commission (TJC, 2008, 2018) and the Institute of Medicine (IOM, 2003) have identified the potential for medical errors for patients receiving health care in environments whereby bullying and uncivil conduct are tolerated; unprofessional relationships among health care workers and poor communication, impact the safety and outcomes for patients.

Tall Poppy Syndrome: Tall poppy syndrome (Garland, 2018; Mancl & Pennington, 2011) is a term that describes a type of incivility and bullying whereby a competent, well-accomplished professional is criticized and verbally attacked by his or her colleagues. The perpetrators goal is to reduce the status of the person who demonstrates genuine merit and success in their career. The denigration of the targeted person is an attempt to discredit their successes and intelligence.