



# Bullying in the Workplace

## Position Statement

Developed: April 2016

### Key Statement

The Australian College of Nursing (ACN) upholds the right of all nurses to work in environments free from bullying and associated forms of abuse and believes no form of such behaviour should be acceptable nor tolerated. Bullying is unacceptable regardless of workplace context, whether it is clinical practice, administration, academia or research. This includes bullying from managers, supervisors, colleagues or other employees, patients and their relatives.

ACN recognises that workplace bullying both directly involves and affects the nursing profession and may be perpetrated by nurses and/or other health professionals. A growing body of empirical evidence describes the widespread and harmful effects bullying has on employees and health care delivery throughout the health and aged care sectors (Farrell & Shafiei 2012, Hutchinson et al. 2010). ACN believes that the emotional and physical stress of bullying experienced by nurses adds additional pressure to the already significant demands of the health and aged care environments. In ACN's view bullying must be prevented to help ensure the best possible health outcomes for nurses, patients, care recipients and the community.

Creating a respectful work environment that champions teamwork and communication, safe and effective supervision, peer support and mentorship will help establish a positive culture supporting the prevention and elimination of bullying behaviours. These strategies can also help empower nurses and workplaces affected by bullying and assist in developing the supports and skills necessary to recognise and deal with bullying and its consequences.

ACN supports the adoption of 'zero tolerance' to bullying throughout health and aged care settings and highlights the responsibility of organisational and professional stakeholders to prevent and address workplace bullying. Failing to do so will create an environment that places workplace health and safety at considerable risk and exposes employer bodies to claims and financial penalties.

### Background

#### What is workplace bullying?

Workplace bullying is defined as:

*"... repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety... Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour that is victimising, humiliating, intimidating or threatening. A single incident of unreasonable behaviour is not considered to be workplace bullying, however it may have the potential to escalate and should not be ignored (Safe Work Australia 2013)".*

Whether intentional or not, behaviours may be considered to be workplace bullying if they marginalise or exclude individuals or groups, are repeated, unreasonable and pose a risk to health and safety.

Undertakings by management to organise the way work is performed or to provide feedback regarding an employee's workplace performance that are reasonable and justified should not be confused with workplace bullying.

Identifying workplace bullying is not always straight forward as bullying behaviours may be subtle. Bullying may occur in a variety of ways, for example, electronically, via email or text message, through social media, use of the internet or in person (Safe Work Australia 2013).

#### The effects of workplace bullying

Workplace bullying not only affects individual employees but also the wider health and aged care workforce. Individuals who are subjected to bullying and those who witness these behaviours may be negatively affected by psychological stress, lowered self-confidence and self-esteem, depression, anxiety and in extreme circumstances post-traumatic stress disorder (PTSD) and thoughts of suicide. The emotional distress caused by being bullied or by witnessing bullying may result in a deterioration of performance.

Organisations as a whole are negatively affected by lowered staff morale and motivation, increasing absenteeism and staff turn-over, which undermine organisational culture and productivity (Johnson 2009, Rodwell & Demir 2012, Safe Work Australia 2013, Wilkins 2013).

Workplace bullying in health and aged care is known to pose a threat to the delivery of high quality, safe care by undermining positive practice environments. Workplace bullying disrupts effective teamwork and impedes the communication pathways and professional relationships that form the basis of safe care (Rosenstein & O'Daniel 2005, Vessey et al. 2009). These effects were identified to have played a critical role in the care failures experienced by patients throughout the Mid Staffordshire NHS Foundation Trust in England (Alberti, 2009).

While any individual or group of nurses may be subjected to bullying behaviours in the workplace, some cohorts are known to be particularly vulnerable including those integrating into the workforce, including undergraduate students, newly registered nurses and overseas qualified nurses. Research involving these groups links the experience of being bullied to a poor transition to practice experience, the erosion of safe medication practices and intent to leave the profession (Xiao, Willis & Jeffers 2014, Zhou et al. 2010, Berry et al. 2012, Spence Laschinger, Wong & Grau 2012, Rush, Gordon & Janke, 2014, Sahay, Hutchinson & East 2015).

### Addressing workplace bullying

ACN believes that Australian nurses have a responsibility to uphold the profession's values as expressed in the *Code of ethics for nurses in Australia* (Nursing and Midwifery Board of Australia, 2008). The Code specifically identifies bullying behaviour as "... *intrinsically disrespectful and ethically unacceptable*." Thus the nursing profession is, by way of its Code of Ethics, committed to workplaces free of bullying behaviour. These fundamental values guide nurses' collaboration in their practice across the profession.

The elimination of workplace bullying requires a multidimensional approach that addresses the behaviour of individuals as well as any organisational, cultural and social factors thought to facilitate the conduct. Workplace bullying can also be eliminated or minimised by taking an active approach to identifying and addressing such behaviours and the situations and environments that create potential for bullying to occur. Education and training play an important role in the prevention and management of workplace bullying. Emphasising the impact bullying has on colleagues, the wider organisation and productivity together with clear roles and responsibilities of individuals, managers and supervisors in preventing and addressing bullying play an important role in the prevention and management of workplace bullying. While each of these factors plays an important part in addressing workplace bullying, establishing systems and processes will only be effective if these are monitored to evaluate effectiveness.

Nurse leaders play a vital role in the prevention of bullying through the demonstration of a clear commitment to the elimination of workplace bullying and visibly supporting an open culture in which unacceptable behaviours are addressed expeditiously.

**Next review: April 2018**

### References

- Alberti, G 2009, 'Mid Staffordshire NHS Foundation Trust: A review of procedures for emergency admissions and treatment, and progress against recommendation of the March Healthcare Commission Report', Secretary for the State of Health.
- Berry, P.A, Gillespie, G.L, Gates, D & Schafer, J 2012, 'Novice nurse productivity following workplace bullying' *Journal of Nursing Scholarship*, vol. 44, no. 1, pp. 80-7.
- Farrell, G.A, & Shafiei T 2012, 'Workplace aggression, including bullying in nursing and midwifery: a descriptive survey (the SWAB study)', *International Journal of Nursing Studies*, vol. 49, pp.1423-31.
- Hutchinson, M, Wilkes, L, Jackson, D & Vickers, L 2010b 'Integrating individual work group and organisational factors: testing a multidimensional model of bullying in the nursing workplace', *Journal of Nursing Management*, vol. 18, pp. 173-81.
- Johnson, S.L 2009, 'International perspectives on workplace bullying among nurses: a review', *International Nursing Review*, vol. 56, no. 1, pp. 34-40.
- Rodwell, J & Demir, D 2012, 'Psychological consequences of bullying for hospital and aged care nurses', *International Nursing Review*, vol. 59, pp. 539-46.
- Rosenstein, A.H & O'Daniel, M 2005, 'Disruptive behaviour and clinical care: perceptions of nurses and physicians', *American Journal of Nursing*, vol. 105, no.1, pp. 54-64.
- Rush, K.L, Gordon, J & Janke, R 2014, 'New graduate nurse transition programs: Relationships with bullying and access to support', *Contemporary Nurse*, vol. 48, no. 2, pp. 219-28.
- Safe Work Australia 2013, Guide to preventing and responding to workplace bullying, viewed 18 January 2016, <<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/guide-workplace-bullying>>
- Sahay, A, Hutchinson, M & East, L 2015, 'Exploring the influence of workplace supports and relationships on safe medication practice: A pilot study of Australian graduate nurses', *Nurse Education Today*, vol. 35, pp. 21-6.
- Spence Laschinger, H.K, Wong, C. & Grau, A.L 2012, 'The influence of authentic leadership on newly graduated nurses' experience of workplace bullying, burnout and retention outcomes: A cross sectional study', *International Journal of Nursing Studies*, vol. 49, pp. 1266-76.
- Vessey, J.A, Demarco, R.F, Gaffney, D.A & Budin, W.C 2009, 'Bullying of staff registered nurses in the workplace: A preliminary study for developing person and organisational strategies for the transformation of hostile to healthy work environments', *Journal of Professional Nursing*, vol. 25, no. 5, pp. 299-306.
- Wilkins, J 2013 'The use of cognitive reappraisal and humour as coping strategies for bullied nurses', *International Journal of Nursing Practice*, vol. 20, pp. 283-92.
- Xiao, L.D, Willis, E & Jeffers, L 2014, 'Factors affecting the integration of migrant nurses to the nursing workforce: a double hermeneutic study', *International Journal of Nursing Studies*, vol. 51, no. 4, pp. 640-53.
- Nursing and Midwifery Board of Australia 2008, '*The Code of ethics for nurses in Australia*', viewed 18 January 2016 < <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>>
- Zhou, Y, Winsor, C, Theobald, K & Coyer, F 2010, 'The concept of difference and the experience of China-educated nurses working in Australia: a symbolic interactionist exploration', *International Journal of Nursing Studies*, vol. 48, no. 11, pp. 1420-8.