

**Workplace bullying in health care:  
Peer-to-peer bullying of nurses**

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July 2012

# **Workplace bullying in health care: Peer-to-peer bullying of nurses**

Michelle Kaminski and Ann Kettering Sincox

Employer, union, and government policies regarding workplace health and safety in the U.S. have tended to focus largely on physical injuries and illnesses, and to place a lower priority on psychological well-being. This has not necessarily been the case in other countries, particularly in Scandinavia (Einarsen, 2000). However, in the last few years, workplace bullying has attracted increasing attention in the U.S. Legislation has been introduced – although not passed – in several states to provide legal remedies for targets of workplace bullying. Some employers have instituted policies to prohibit it. This has been especially true among hospitals, due at least in part to the recent requirement of the Joint Commission, a hospital accrediting agency, that hospitals establish a code of conduct for its employees.

As a result, hospitals have been among the leading employers in addressing workplace bullying, and at least one nursing union – the Michigan Nurses Association (MNA) – has launched an expansive and highly successful program on this topic. This study will report on research conducted jointly with the MNA at four hospitals in Michigan.

## **Background**

Workplace bullying is defined as repeated, health-harming mistreatment of a worker that includes verbal abuse; offensive conduct that is threatening, humiliating, or intimidating; and/or work sabotage. Examples of bullying behavior include yelling, screaming or cursing, social ostracism, unjust criticism of work performance, and withholding information or other resources needed to perform the job. While estimates of the extent of bullying vary from one study to another, a random sample of U.S. workers indicated that just over one-third of workers have been the target of a bully at some point in their careers (Workplace Bullying Institute and Zogby International, 2007). Research has indicated that the targets of workplace bullying are significantly more likely to experience decreased job satisfaction, lower self-esteem, depression, and post-traumatic stress disorder (Bond, Tuckey, and Dollard, 2010; Einarsen, 2000; Enarsen and Raknes, 1997). Witnesses of bullying may suffer similar consequences.

Employers also face negative consequences from bullying, including higher turnover and absenteeism, lower productivity, and less commitment to the organization. Several attempts to estimate the cost to the employer of workplace bullying have been made. Leymann (1990) suggested that each individual case of bullying might cost the employer between \$30,000 and \$100,00 per year. To date, relatively few U.S. employers are systematically addressing bullying. Most employers do not have procedures to report bullying, investigate it, or guidelines about how to address it when it occurs. Similarly, only a few U.S. unions have taken an active role at this time. Those that do typically do so at the local, rather than national level.

As mentioned above, hospitals have had an incentive to establish policies on workplace bullying. Their recognition of the issue makes them a fruitful site for research. However, the nature of bullying in hospitals is different than in other industries. While there are many clichés about doctors who berate nurses and throw surgical instruments at them, nursing is unique in that it has a high level of peer-to-peer bullying (Griffin, 2004). In contrast, 75 percent of the targets in

other industries say the bully is their supervisor (Workplace Bullying Institute and Zogby International, 2007.) The peer-to-peer nature of bullying among nurses is one of the reasons why the MNA decided to become involved in the issue. They conducted an extensive training program, offering over 60 face-to-face training sessions per year. They also established resources on their web site, in their newsletter, and devoted time at their convention to it.

The prevalence of peer-to-peer bullying is also why nurses tend to call bullying “lateral violence.” In this paper, we use the terms “workplace bullying” and “lateral violence” interchangeably.

## **Methods**

*Sample.* Nurses in four hospitals in Michigan were invited to complete the survey. They were invited via different means, including a letter or email request from either management, a nursing committee, and/or the union. In some hospital, flyers were also posted. In all, 629 nurses completed the survey. It is difficult to assess the overall response rate, because it is unclear how many nurses received the invitations. However, three medium to large hospitals had 180 to 205 respondents each. The fourth, a much small hospital, had 54 respondents.

The vast majority of survey respondents, 96 percent, were white, non-Hispanic women. While this distribution is reflective of the composition of the nursing workforce in these particular hospitals, it is not likely representative of the nursing workforce in Michigan overall.

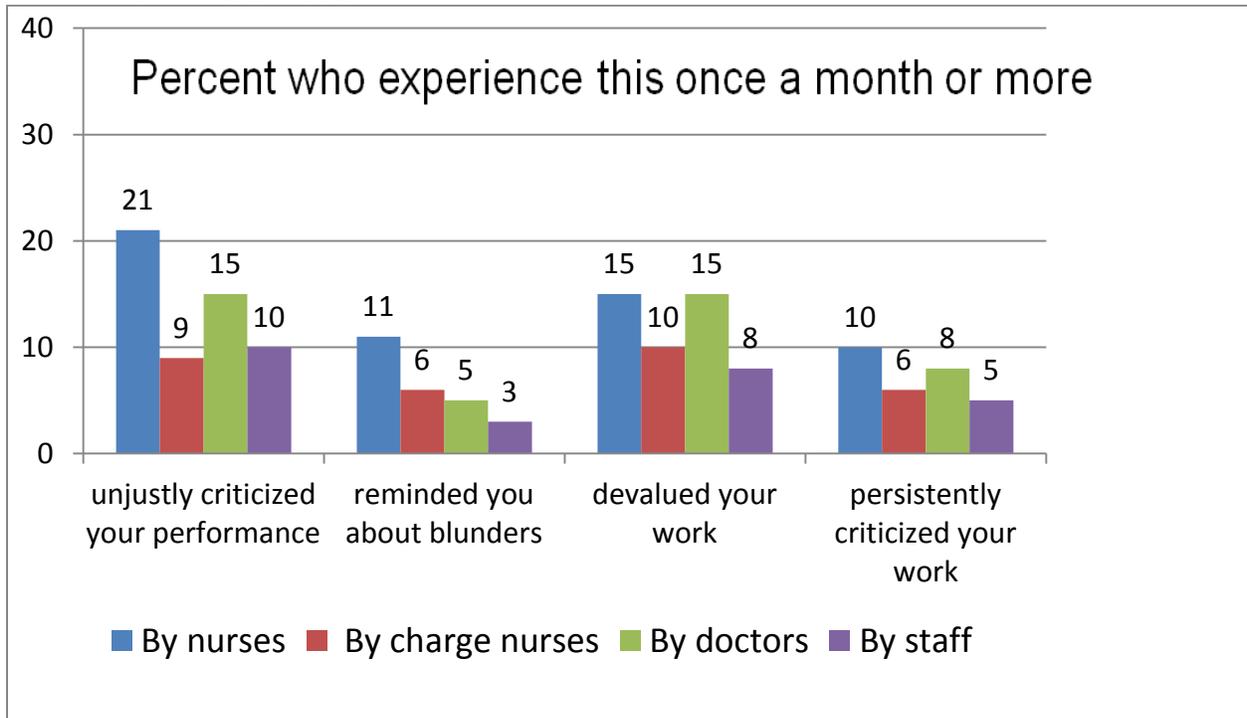
On other demographic characteristics, the respondents are reasonably representative of both the hospitals and the nursing workforce. The mean age is 43. The mean tenure at this hospital is 13, and the mean number of years working as a nurse in any setting is 18. Two-thirds of respondents have a bachelors degree or higher.

*Measures.* The Negative Acts Questionnaire (Einarsen and Raknes, 1997) was used to measure bullying. The specific items range from the more commonly experienced ones, such as unjust criticism of your performance, ignoring your questions, and ignoring your opinions to the less common ones, such as threatening you with violence or throwing an object at you.

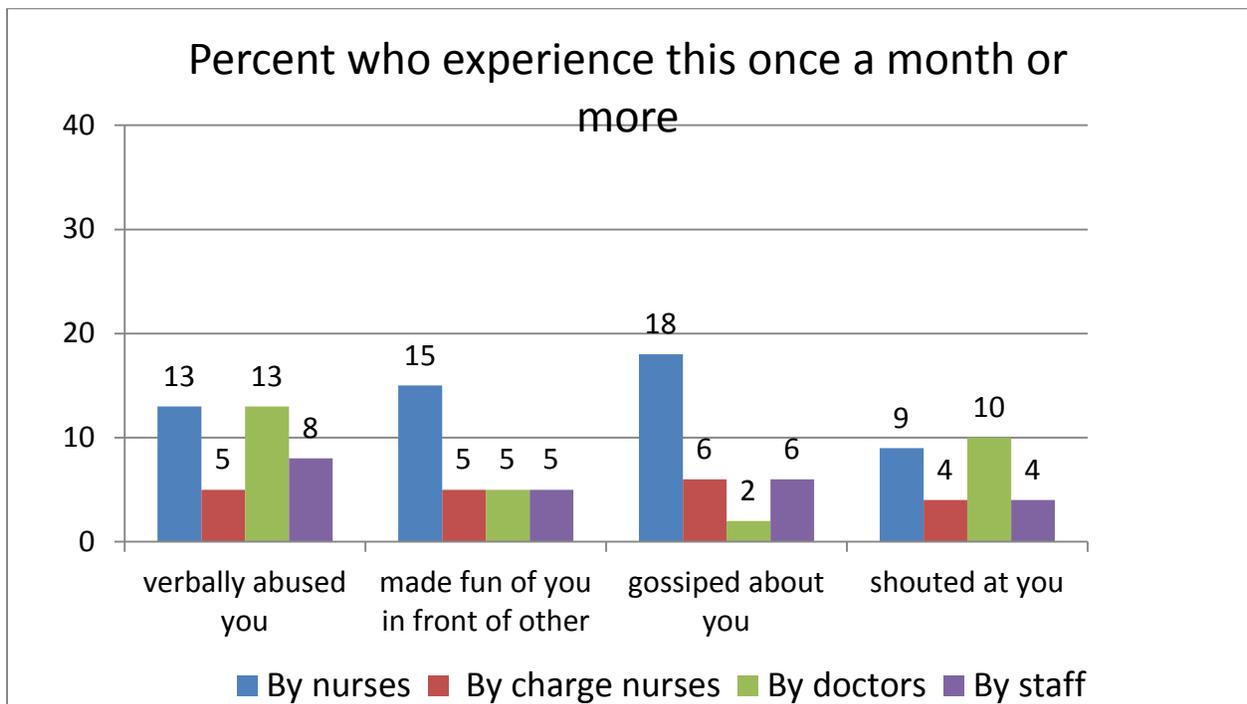
## **Results**

The 22 items are condensed into six charts below. The charts show the percentage of nurses who reported the particular form of bullying happened once a month or more. In addition to lateral violence by nurses, they also show the extent of bullying by charge nurses, doctors, and other staff. Following these individual items, a summary score of lateral violence / bullying will be presented.

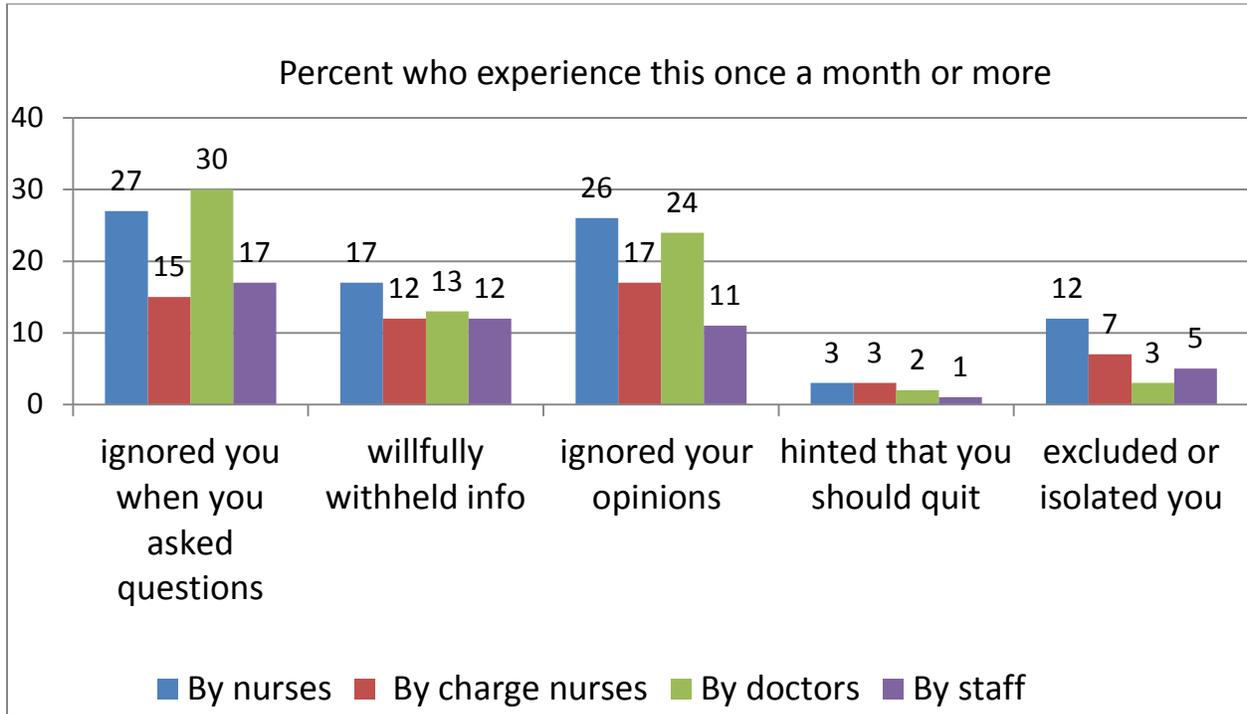
**DEMEANED YOUR WORK**



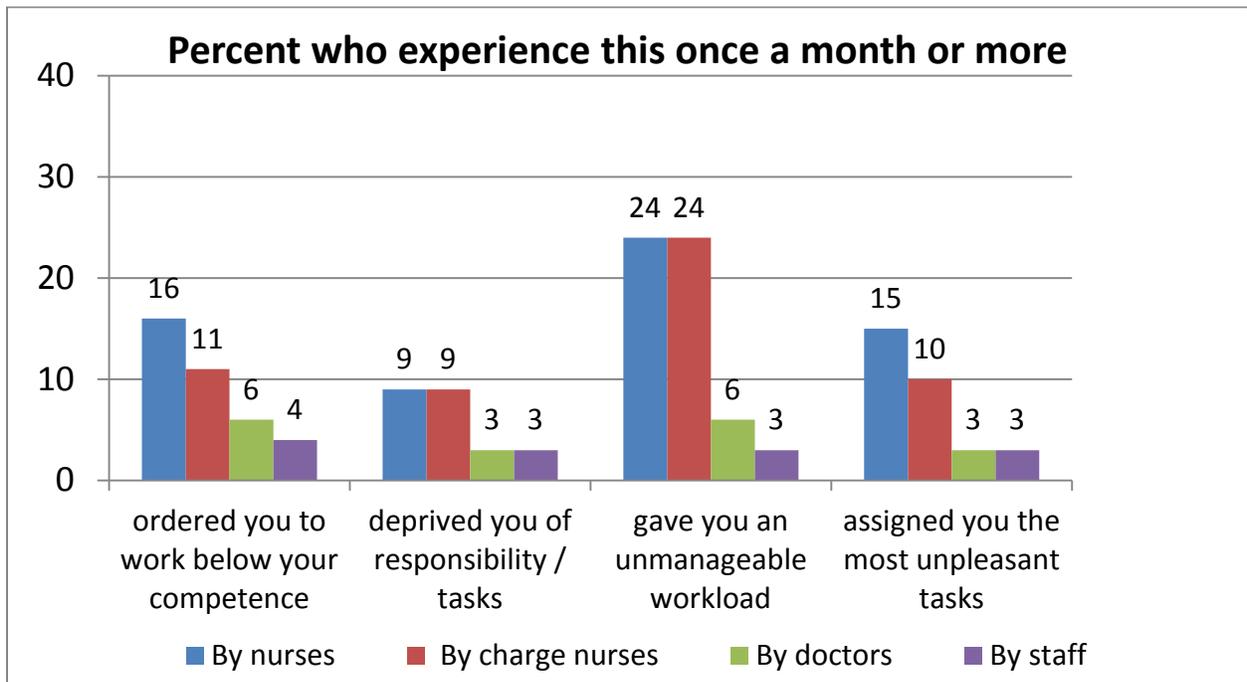
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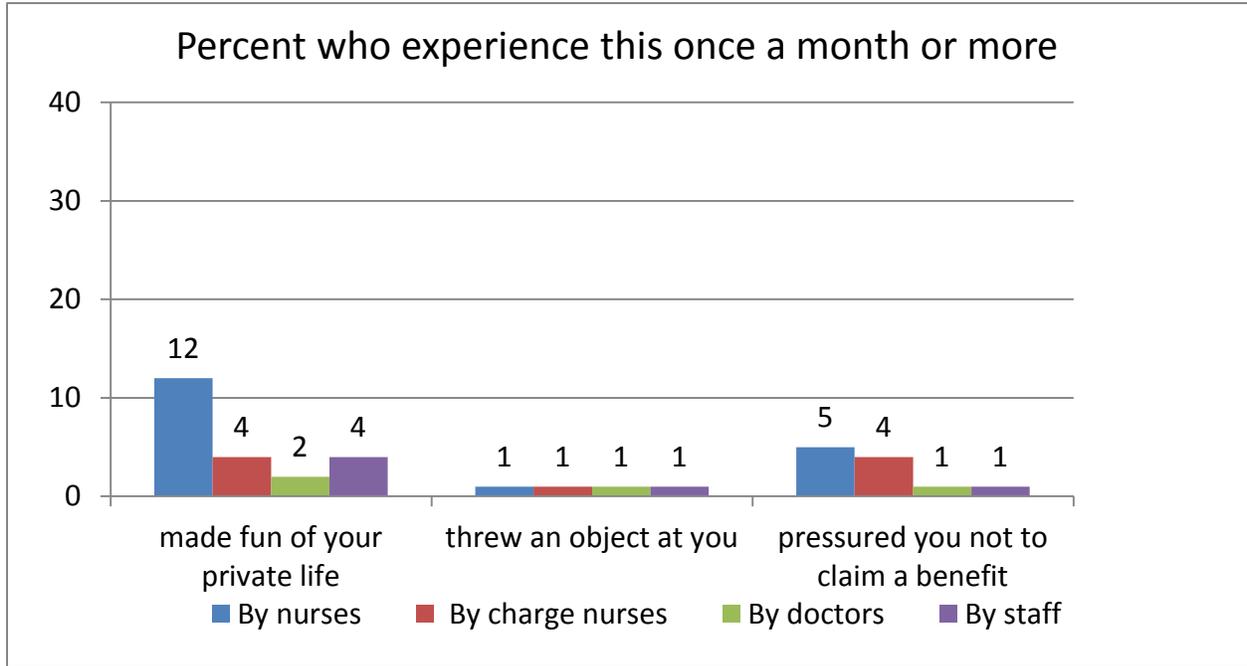
## ISOLATED YOU



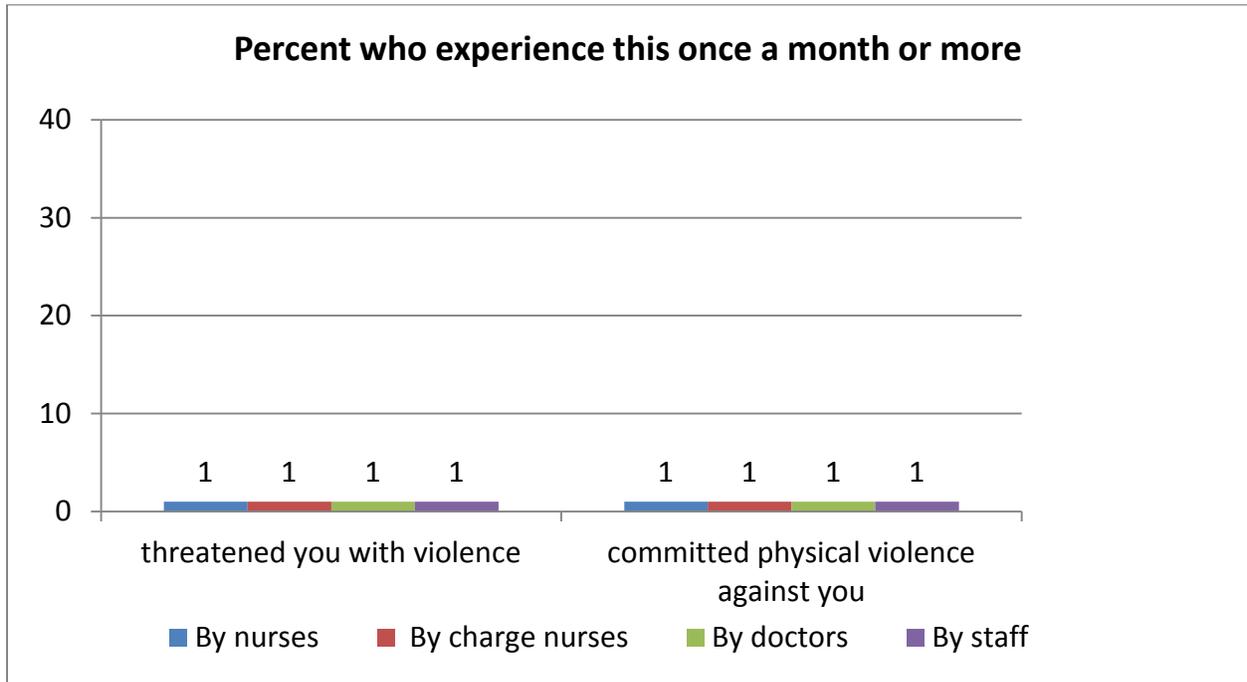
## LIMITED YOUR WORK ROLE



**WAS AGGRESSIVE TOWARDS YOU**

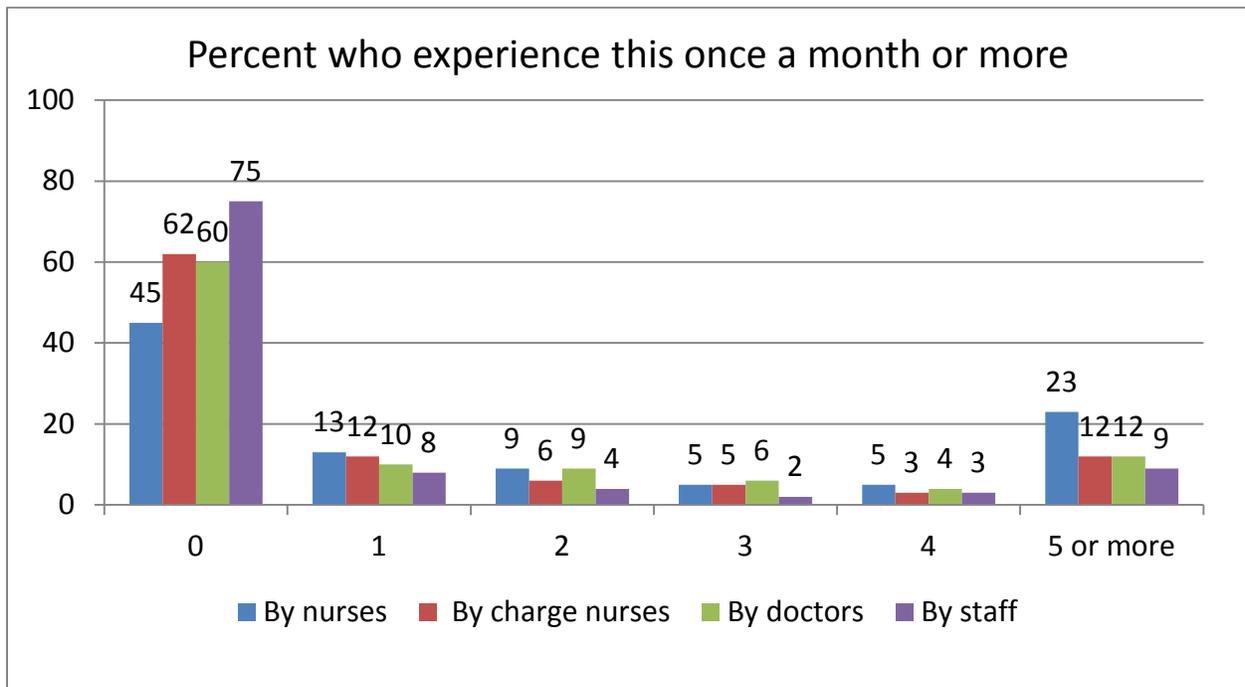


**PHYSICAL VIOLENCE**



These 22 items represent different aspects of lateral violence. The chart below shows the combined results for the 22 items. Results show that 45% of nurses reported experienced *no* lateral violence (by other nurses) in the last six months. About one-third reported moderate levels of lateral violence (experienced one to four of the 22 forms regularly). Finally, 23 percent reported that they experienced lateral violence regularly (five or more items, once a month or more). This compares to the 12 % of the US workforce overall that experiences workplace bullying at the present time. As mentioned above, nurses were more likely to experience lateral violence from other nurses (23 %) than charge nurses (12 %), doctors (12 %), or other staff (9 %).

### OVERALL LEVELS OF LATERAL VIOLENCE / BULLYING



In order to more fully describe what nurses experience, some sample quotes from nurses who completed the survey are listed below.

#### *Examples of lateral violence: nurse-on-nurse*

- A senior nurse on floor yells at, degrades, and tries to make nurses feel stupid around her. She will come out of room and yell at whoever is in the area

- Was verbally assaulted in full view of multiple co-workers. Shouted at, harassed, finger pointing in my face. Followed around continuing to verbally assault me while I was trying to escape the situation. Even tried to apologize for the perceived problem and verbal assault continued.
- The incivility by this nurse is disgusting. This nurse has ignored me for over a year. Will not acknowledge I am even in the hallway or bathroom as we pass by each other. Refuses any overture to discuss the problem. Believes I am being hypocritical if I try to be civil with her. Management and all my colleagues are aware and nothing is done. There is a cultural of tolerance in our department.
- Since I have returned to Department A, my work life is very positive and fulfilling. When I worked in Department B, I would have answered these questions much differently. I had co-workers, 2 RN's and 1tech that harassed and questioned my nursing practice on a daily basis. I stayed in that role for 2 years, as other co-workers encouraged me and supported my continued participation in the "team". I always considered myself an excellent nurse and a very valued employee. I KNOW I am, and could not understand why I was subjected to such treatment. At one point, I was informed that there was a small group setting me up for failure.... At the time, I felt I did not have to defend myself and never reported the incidents, but would NOT want this to happen to another nurse.
- My lateral violence occurred over 2 yrs ago in a different department within this hospital. I was there for 6 years. Towards the end of my time on that unit, while trying to resolve conflict w/ the [manager] through the union, the UNION REP said to me, "Oh \_\_\_\_\_. Why do you stay?" I told her it was b/c I loved that type of nursing & wanted to keep doing it--I didn't want to leave--just wanted to be able to do my job w/o living in fear. SO... anyway...This survey only covered the last 6 months--I did leave the old department -- I was miserable and frightened I would not succeed--but I DID!! I love my current position, but my memories of my experience are still there. I did not realize how bad it was until I found myself growing and gaining self confidence as an RN on this department. I love my job and I think it loves me!

### ***Lateral violence / bullying by charge nurse / doctor /other***

- When struggling with job manager/director told me "good" when I said I was looking for another job.
- My charge nurse had no choice to give me unmanageable tasks-short.
- Consistent high school games-behavior from unit manager. Requests for patient care information ignored. Constantly following everyone correcting what they say and do. Union is attempting to help but [department director] now also playing the game. Both are involved now in retribution of anyone that complains about the manager. 80% of us are looking for jobs outside of [this hospital]. We were told if we didn't like the way [thy] ran things we could find other jobs

### ***Who is subject to lateral violence?***

In this study, we looked primarily for demographic differences in who is the target of lateral violence. There were no significant differences by race, ethnicity, gender, age, or experience as a nurse. However, when doctors were the bully, the target was more likely to have less experience as a nurse.

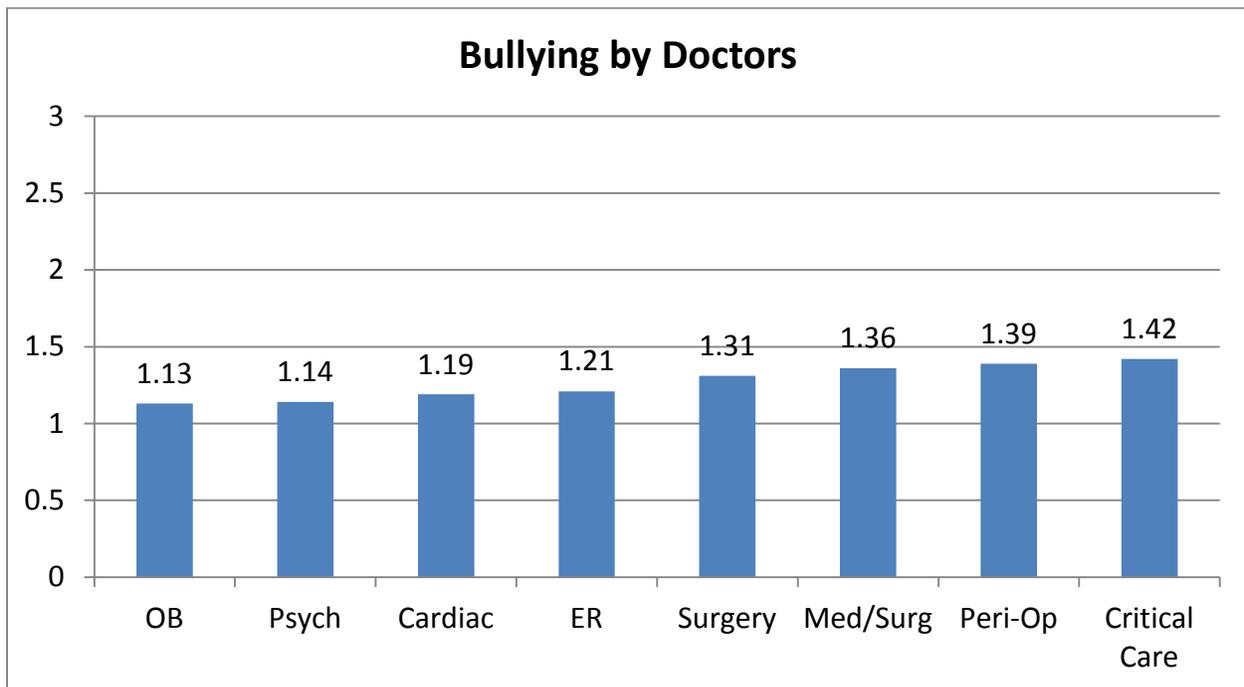
Overall this is consistent with other research that indicated bullying / lateral violence usually not based on demographic characteristics. (In the general research literature, there is no effect for race or age, but a mixed effect for gender.)

### ***Organizational differences***

As mentioned above, four hospitals participated in this study. About the same level of lateral violence was reported in each hospital (i.e., no significant differences). However, there were some trends by department. When the scores for all hospitals were combined, certain departments tended to have higher levels of bullying across all the hospitals. (Note: The complexity of departmental organization across hospitals made comparisons difficult. We selected departments that met two criteria: First, at least 3 of the 4 hospitals had a department of that type. Second, nurses from that departments participated in the study. This reduced the number of responses to 357 for this analysis only)

Results for the departments common to most of the hospitals are show below. There is a statistically significant difference between the highest and lowest rated departments. (Note: The scale for this measure is from 1 to 5.)

### **BULLYING BY DOCTORS, BY DEPARTMENT**



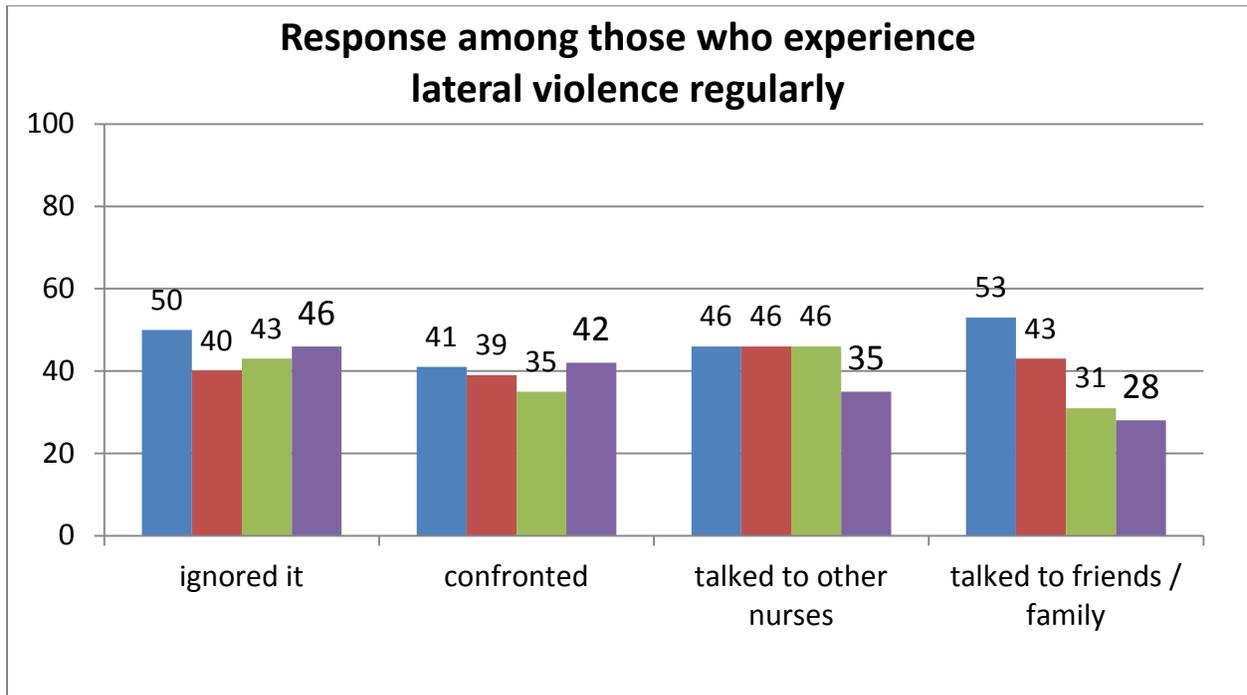
We also examined staffing ratios by department, to determine if understaffing was related to bullying. We did not find any significant relationship between workplace bullying and understaffing.

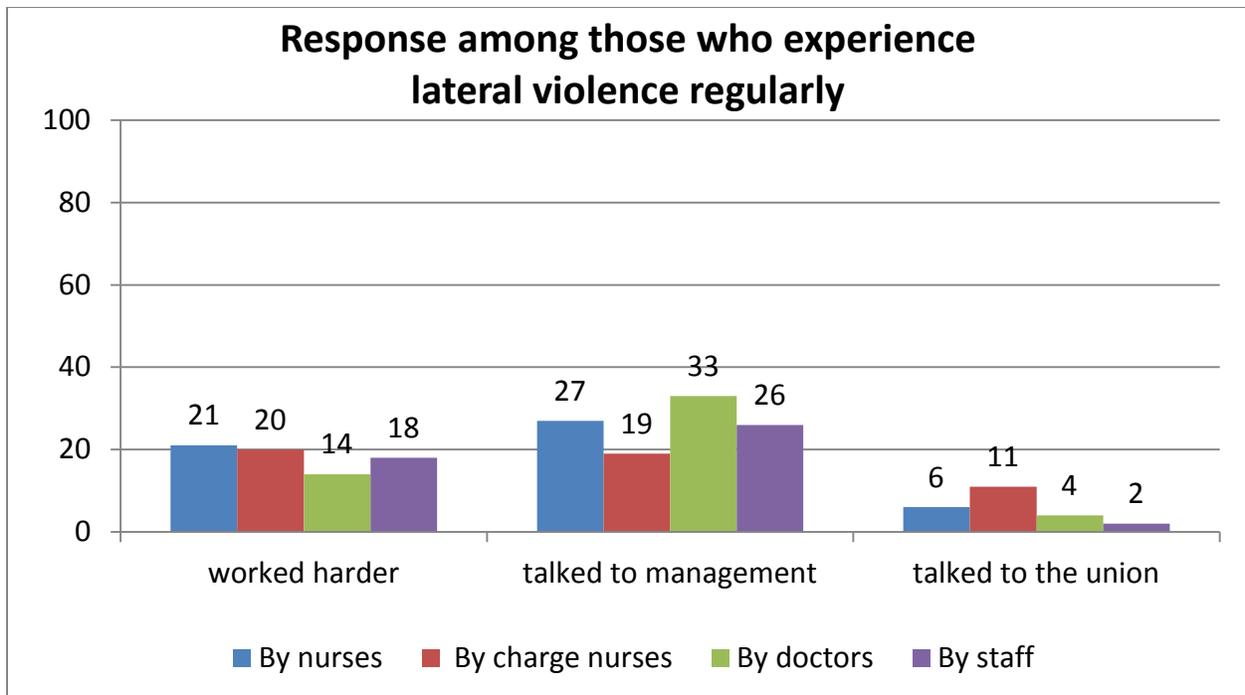
***Responses to lateral violence***

Nurses responded to lateral violence in a number of different ways. This survey allowed them to indicate multiple ways. Often, nurses dealt with lateral violence by ignoring it. They also sought social support from other nurses or friends and family. A sizeable percentage of nurses who experienced lateral violence confronted the other nurse.

Only a small percentage went to management or the union. Most unions have not been addressing this issue and have little experience with it. However, the MNA is at the forefront of U.S. unions in dealing with lateral violence. They have conducted hundreds of training sessions around the state. However, relatively few nurses approached the MNA for help. This might be because members were just becoming aware of the MNA’s emphasis on this issue.

**RESPONSES TO LATERAL VIOLENCE (2 charts)**





Nurses also described their responses to bullying in more detail in the survey. Some sample remarks include the following:

***Dealing with lateral violence... or not***

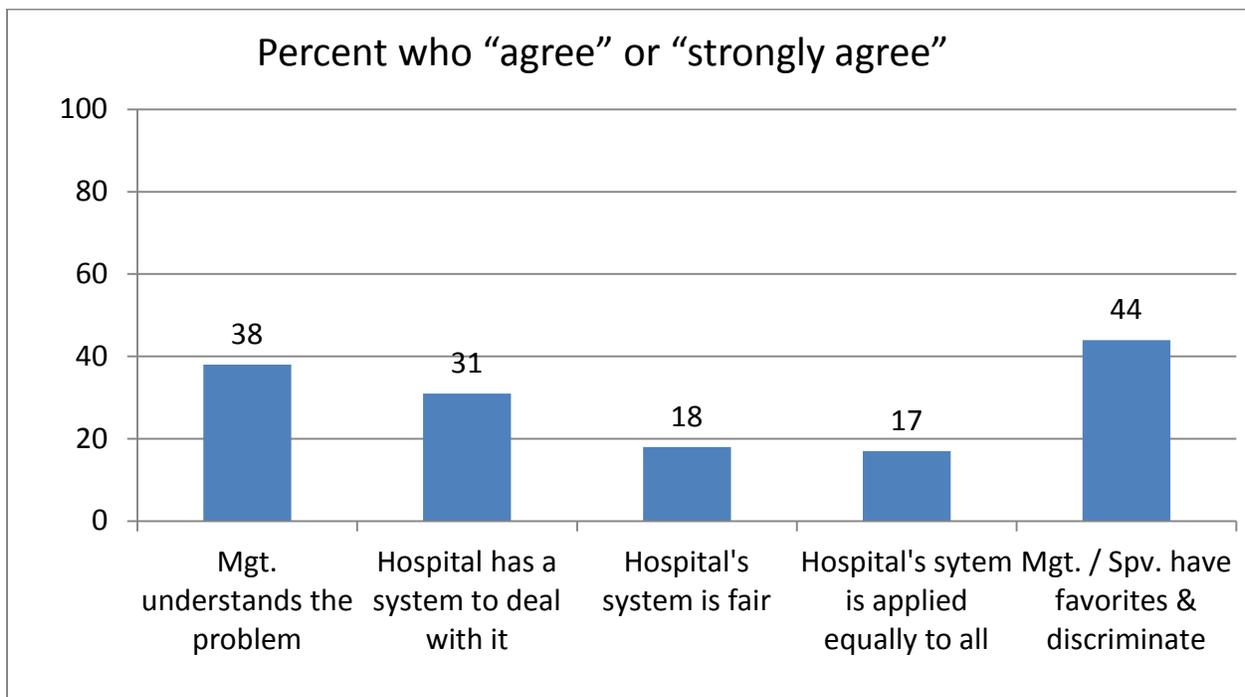
- Lateral violence is why [one department] can't keep their nurses and have such a high turnover. [They] ignore problems because they can't lose any more staff, yet they haven't figured out that not doing anything is the reason people are leaving.
- I decline to answer some to prevent identifying myself. There is a long term issue with just these behaviors common in a small number of RNs that can create a lot of havoc in my area of the hospital and it has continued for a very long time through many different managers. We have been told they're dealt with, but when you don't see any changes in behaviors you know they haven't and after while I feel scared to keep complaining and sick of not seeing resolution to same issues. They have ran off other employees ... and also some of the past managers... I have felt some of the managers have been scared to deal with it or just tired of trying. The job itself and patients are wonderful and fulfilling, but having this going on most of the time around you is a real detriment even when trying to avoid it and patient care is affected indirectly. It would be
- It's behaviors from nurses [in Department X], complaints are made but we are just told that "those nurses are just a difficult bunch"
- I ignore these nurses because nothing is ever done about it. [Nurse Y and Department X] nurses are usually rude and disrespectful.

- Management picks favorites who get away with everything, they get special treatment and go out of their way to make sure those staff nurses get what they want/need

Only about a quarter of nurses in this study who experience lateral violence talked to management about it. Other studies indicate that in about two-thirds of cases, when a target reports bullying to management, management does nothing or makes it worse. In the present sample, nurses feel that management is not adequately addressing the problem. (See chart below.) Fewer than a third say that management has a policy to deal with it. (It is possible that policy exists but the nurse is unaware of it.) And only 17 to 18 percent say that management’s approach is fair and is applied equally to all. In contrast, a large percentage report that management or supervisors have favorites and discriminate among employees.

In this study, an inadequate response by management is related to higher levels of lateral violence / bullying. The same is true for managerial favoritism.

### MANAGEMENT ROLE



### *Impact of lateral violence*

Nurses who are the target of lateral violence pay a price. They have a significantly higher number of symptoms of Post Traumatic Stress Disorder (PTSD). They also have lower

levels of job satisfaction. Both of these are true no matter who is the source of the violence (nurse, doctor, etc.).

In addition to the cost to nurses, hospitals also pay a price for continued lateral violence. Nurses who are subject to lateral violence are significantly more likely to look for another job – in the same hospital, in a different hospital, or to leave nursing altogether. They also take significantly more sick days. Both turnover and sick days are costly to the employer. One study estimated the cost of bullying to an employer with 1,000 employees to be about \$1.2 million per year. This includes the cost of turnover and training, but not the cost of lower productivity.

### ***Summary and conclusions***

The extent of lateral violence among nurses is higher than in other occupations. The present study indicates that about one in five nurses in Michigan is subject to lateral violence on a regular basis. The consequences are potentially damaging to their health and well-being. Nurses who are subject to lateral violence take more sick days, are less satisfied with their jobs, and are more likely to have symptoms of PTSD.

Management also pays the price. Nurse who are subject to lateral violence are more likely to leave their jobs, and as already mentioned, to take more sick days. However, management's response to bullying is generally considered inadequate by nurses. Most report there is no policy to address it. If there is a policy, nurses do not see it as fair or fairly applied. Almost half of nurses report that management played favorites – an environment that is conducive to increased levels of lateral violence.

In the U.S., both union and management have been somewhat reluctant to address this issue. Perhaps one reason is the individualistic, free-market orientation of many employers. Bullying is often seen as an individual problem and the target should just “get over it” or handle it on their own. Managers often do not know what to do when someone complains of bullying. Or they may be unwilling to address it if the bully is high-ranking in the organization. On the union side, health and safety advocates may feel bullying is too “soft” a concern. It isn't fatal, and it doesn't cause cancer. Union health and safety departments received considerable funding from government agencies to address fatalities and occupational illnesses of a physical sort. They are generally not well-funded to address psychological issues. Thus, it is all the more striking that the MNA has developed a program on peer-to-peer bullying.

Unions have learned somewhat from controversies a few decades ago when sexual harassment legislation was passed and employers implemented policies to comply with it. At the time, some union leaders were concerned about using the grievance procedure to resolved cases in which one union member was harassing another. They were more comfortable handling cases in which a member of management was the perpetrator. Now, at least among the unions that are dealing with bullying, there is a recognition that it doesn't matter if the bully is a manager or a bargaining unit member. If a union member is being bullied in the workplace, these unions are willing to use the tools at their disposal to address it.

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