RAPID LITERATURE REVIEW

Workplace bullying in nursing: findings from a rapid review of the literature

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Keywords: Workplace Bullying (WPB), Bullying, Nurse, Nursing

ABSTRACT

Background

The working conditions of many nurses and healthcare professionals around the world have deteriorated during the pandemic. Workplace bullying occurring among nurses has been reported more and more. What has happened in the nurse workplace bullying research over the past two years? This article aims at updating the knowledge in this field.

Methods

The authors systematically searched the PubMed, Embase, and Web of Science databases for relevant articles on workplace bullying among nurses from 2020 till the present. The screening was performed strictly according to the inclusion and exclusion criteria, and finally, the relevant literature was read and summarized.

Results

A total of 6 articles met the criteria published between 2020 and 2022. The status of research in the field of bullying in the nurse's workplace was identified, including influencing factors and their impact on patient outcomes, nurse work, etc.

Conclusion

Published studies have demonstrated the risks of bullying in the workplace for nurses and the significance of handling it. This review suggests that managers should pay more attention to the workplace bullying behaviors of nurses and take management measures to reduce the turnover rate of nurses, improve the nursing level and reduce the level of nursing errors.

Contribution to evidence-based practice

This review brings together advances in research on workplace bullying among nurses and identifies its harm, offering ideas for reducing bullying in the workplace.

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What do we already know about this topic?

In recent years, a growing number of researchers have focused on workplace bullying among nurses. Because it encourages nursing practice errors, hinders teamwork and communication, and adversely affects patient outcomes at the individual level. Workplace bullying needs to be addressed urgently.

What is the main contribution to Evidence-Based Practice from this article?

By updating the evidence on this topic, professionals can understand the factors that generate and address workplace bullying.

What are this research's implications towards theory, practice, or policy?

The article points to the need for further research into workplace bullying among nurses. The study provides managers with information about bullying and suggests some strategies to improve the situation.

Authors' Contributions Statement:

Benyan Zhang and Cuiping Xu were responsible for the conception and design of the study. Yan Li and Mengke Cao worked on the article search and articles revision. Benyan Zhang wrote the paper and Cuiping Xu reviewed it thoroughly.

Nursing has been a challenging profession for a long time, with adversities such as stress and bullying at work. The latter is a matter of particular concern. As one of the major pressures in the workplace, bullying refers to the long-term and repeated negative behaviors of individuals or groups towards the bullied, which leads to the bullied being offended and distressed, and has a negative impact on the work performance and dignity of the bullied in the workplace. Workplace Bullying involves harassment, offending and social exclusion and is one of the most serious forms of violence (Arnetz et al., 2019). Through the literature review, we found that workplace bullying not only threatens the health and safety of nurses but also threatens the safety and nursing quality assurance of patients. A literature search identified 6 articles and we summarized them. This article is a topic-focused rapid review of articles about workplace bullying in nurses that were published between 2020 and 2022.

Methods

We did our search on the following databases: MEDLINE, EMBASE, and Cochrane database, from 2020 to October 2022. Search strategies:

(("workplace bullying"[Mesh]) OR (bullying) OR (lateral violence) AND (("nurse"[Mesh]) OR (nursing worker) OR (nursing)). Additional articles were discovered by manually screening references of relevant articles and reviews on the same topic. Studies were shown on two fundamental inclusion criteria. One, if nurses were the subjects of the study. Two, if the topic of the study is workplace bullying. As exclusion criteria, we defined articles which did not follow into the two inclusion principles.

Results

The first article (Baek et al.,2022) applied in-depth discussions to identify bullying subgroups. It's an online survey data from a nationally representative sample of 1,170 U.S. registered nurses, collected between 2020 and 2021, that were analyzed. Using latent profile analysis, five items measuring workplace bullying were used to determine bullying subgroups (unbullied, bullied but unrecognized, moderate bullying, and severe bullying). Ordinal logistic regression examined relationships between workplace factors and bullying. Bullying was reported by more than 40% of nurses in the past year. Four bullying subgroups were identified. Severe

bullying was significantly correlated with inadequate staffing, lack of time to get the job done, and lack of breaks away from work.

The second article (Akella et al., 2022) integrates dialectical phenomenology and in-depth interviews with nine nurses from the nursing field to examine the gendered dimension of workplace bullying. The gender role socialization theory is employed in this paper to interpret workplace bullying as an indirect passive aggressive strategy commonly used by women to assert their authority over others. The empirical data reveal that it is possible to interpret workplace bullying as an acceptable practice due to certain societal and cultural conditioning of women, thereby hindering the ability of management to combat and condone it within the healthcare sector effectively. Semi-structured interviews identified as suitable for giving voice to the diverse experience of nurses that nurses had while working in different hospitals. To describe and explain workplace bullying, nurses were asked to describe and explain workplace bullying, talk about their working environment, and share personal accounts of bullying incidents. The duration of each interview, which ranged from 30 to 60 minutes, was verified. Inquire participants about their job, responsibilities, experience, the work environment's culture, and the supervisor's personality. The empirical results reveal that it is possible to interpret workplace bullying as an acceptable practice due to certain societal and cultural conditioning of women, thereby hindering the ability of management to combat and condone it within the healthcare sector effectively.

The third article (Trépanier et al., 2021) was a longitudinal relationship. This study examined the moderating effect of social support and approval on the longitudinal relationship between nurse workload and bullying behavior. A two wave (12 month) longitudinal study was carried out. 399 nurses in total completed the first online questionnaire and 279 nurses completed the second questionnaire after completing the initial questionnaire. The findings revealed that workload is a significant stressor that can be linked with the presence of harmful behavior over time, but social resources are essential in buffering the detrimental effects of workload. Even the workload positively predicted exposure to bullying, but only if job recognition and social support were low. The workload was not related to bullying when social support was high but was negatively associated with bullying when job recognition was high.

The fourth article (Anusiewicz et al., 2020) applied indepth semi-structured interviews with fifteen inpatient staff nurses who have experienced workplace bullying while working in one hospital located in the southern region of the USA and participated in individual, semi-structured interviews. The major findings reveal three themes. The first theme was "Workplace bullying as part of the nursing work environment", and nurses thought that they were targets of WPB because (a) they were new nurses, (b) there was an abuse of power, or (c) the nature of the work occasioned it. The second theme was "Workplace Bullying's influence on nurses". None of the nurses thought they were physically harmed by the bullying, but they all talked about how it affected their mental and emotional health (self-doubt, feelings of defenselessness, emotional distress); however, none felt the bullying influenced them physically.). The repetitiveness of the behaviors and the perceived lack of support for their unit's ability to properly defend itself determined how bullying affected the nurses." Workplace Bullying's Influence on Patient Care" was the third theme. The nurses were divided on whether they perceived experiencing WPB to impact their ability to provide patient care. While several nurses expressed that their patients were the priority, others could not deny that, because the bullying influenced them personally, created a distraction, or decreased their willingness to put questions or for help, their ability to provide patient care was subsequently influenced negatively. Although these nurses did not want their patients' care to be compromised, they were unable to prevent the bullying from affecting their delivery of care.

The fifth article (Sarwar et al., 2020) tested a moderated mediation model in the Hospital industry of Pakistan. In the study, nurses from 12 hospitals participated. Two hypotheses were put out by the researchers: the first one is that job insecurity

mediates the relationship between workplace bullying and victims' overstepping work behavior; the second one is that resilience and perceived superior support mediate the mediating effect. Additionally, through moderator resilience and supervisor support for various degrees of job insecurity, the findings demonstrate the results of conditional indirect effects of workplace bullving on abnormal work behaviors. Bullying has an indirect beneficial effect on the bias of job insecurity at low elasticities, but it is less strong at high elasticities. Similarly, when supervisory support is low and decreases with senior supervisor support, the positive and indirect impacts of workplace bullying on nonstandard work conduct and job insecurity are significant.

The sixth article (Hamre et al., 2020) was a five-year longitudinal study. The authors investigated the relationship between accumulated exposure to workplace bullying and subsequent psychological hardiness changes. Additionally, they examined whether hardiness predicted consequent exposure to bullying. The study comprised 939 nurses in all, 91% of whom were female and 9% male, with a median age of 34 and a range of 21 to 63 years. The results suggest that continued exposure to bullying can be an extreme stressor, causing severe distress to victims and affecting their perceptions, coping mechanisms, and ability to prepare themselves, even changing nurses' personalities. Conversely, nurses that are subject to long-term exposure to bullying behaviors are likely to, over time, display a deterioration of psychological hardiness that might decrease their ability to withstand and cope with stress.

Discussion

An astonishing amount of workplace bullying occurs in the care industry, and it can get worse as working circumstances worsen. Almost all the articles emphasize how vital it is to combat bullying among nurses at work. Numerous studies have demonstrated the imperative need to enhance the working conditions for nurses, which can help caregivers in a variety of ways, including the

potential to lessen the intensity of bullying that negatively impacts nurses' well-being.

The majority of nurses are still women and eliminating workplace bullying from the nursing field can be challenging because of its gender impact, which poses serious ethical considerations for the healthcare system. To reduce the prevalence and effects of nursing bullying, it is crucial to identify work-related factors that may be involved. Such as, workload, job insecurity, staffing decisions based on patient requirements, and nurse skills. Understanding how nurses view the work environment to influence their experience workplace bullying informs the development of organizational interventions to decrease the behavior. In addition, exploring how nurses' experiences of workplace bullying affect their ability provide patient care can increase our understanding of the impact of workplace bullying. Nursing leaders should be educated about fostering and maintaining a skilled nursing work environment and held accountable for the organization's expectations of behavior.

Conclusion and Recommendations:

This review demonstrates the harm of workplace bullying through an analysis of articles linked to the topic. Long-term exposure of nurses to workplace bullying causes a loss of self-control resources that affects many facets of their lives, including anxiety, sadness, burnout, exhaustion, and post-traumatic stress disorder. Workplace Bullying makes it difficult for nurses to concentrate on their work, which results in the occurrence of nursing errors. Bullying can even threaten the life and safety of patients. These findings might improve nurses' understanding of bullying throughout the world. The hospital management department should raise nurses' management awareness, offer nurses pertinent training, and increase their understanding of how to defend their legal rights. The pertinent departments should also increase public knowledge of the negative effects of workplace bullying to avert the issue as much as feasible. Additionally, introducing legislation to safeguard employees from workplace bullying and deliberately fostering a corporate

culture that values relationships are equally beneficial in addressing this problem.

Conflict of Interest: None declared.

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Table 1

Article Title	Country/Year	Methods and	Key Findings
		sample	
Bullying experience and the work environment in nurses: A cross-sectional data analysis.	USA/2022	cross-sectional data analysis	Over 40% of nurses reported being bullied in the past year. Four bullying subgroups were distinguished. Inadequate staffing, lack of time to get the job done and lack of breaks away from the work area were all significantly associated with severe bullying.
'Gender' in workplace bullying: A phenomenological study on nurses	USA/2022	dialectical phenomenology and in-depth interviews	The empirical data reveals that it is possible to interpret workplace bullying as an acceptable practice due to certain societal and cultural conditioning of women, thereby hindering the ability of management to combat and condone it within the health care sector effectively.
When workload predicts exposure to bullying behaviors in nurses: The protective role of social support and job recognition.	Canada/2021	A two-wave (12-month) longitudinal study	This study aligns with the work environment hypothesis, showing that poorly designed and stressful job environments provide fertile ground for bullying behaviors
How does workplace bullying influence nurses' abilities to provide patient care? A nurse's perspective.	USA/2020	Qualitative descriptive study	Organizations must support new nurses and manage relational attributes of the nursing work environment to reduce workplace bullying. Nursing leaders should receive education on fostering and sustaining favorable nursing work environments and be held accountable for behavioral expectations of the organization
Accumulated Long-Term Exposure to Workplace Bullying Impairs Psychological Hardiness: A Five- Year Longitudinal Study among Nurses	Norway/2020	Longitudinal Study among Nurses	Long-term accumulated exposure to bullying behaviors seemed to be a stronger predictor for changes in hardiness as compared to hardiness in predicting exposure to bullying.



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