

# BULLYING AT WORK

## *Bullying, burnout and well-being among assistant nurses*

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An earlier version of this paper was presented at the Bullying at Work 1998 Research Update Conference, Staffordshire University Business School, UK, July 1998.

**Bullying at work is studied in a representative sample of 745 Norwegian assistant nurses. In Norway, the concept of bullying is commonly used to describe situations where someone persistently over a period of time is treated in an oppressive, offensive, abusive, intimidating or insulting manner without feeling able to counterattack or defend against these actions.**

**While 4.8% of the assistant nurses currently experienced problems with bullying, 8.4% had former experiences as victims of bullying. Moreover, one out of five had witnessed others being bullied. The most common kinds of bullying behaviour experienced by the victims were serious slander, rumours and silent hostility. Fellow assistant nurses and nurses were seen as the offenders in most cases. None of the victims felt bullied by patients or relatives. Bullied assistant nurses had significantly higher levels of burnout, lowered job-satisfaction and lowered psychological well-being compared with their non-bullied colleagues.**

### **KEYWORDS**

- BULLYING
- HARASSMENT
- PSYCHOLOGICAL EFFECTS
- NURSING

## Introduction

Violence, verbal abuse and mistreatment at work have been growing areas of interest among researchers in the field of occupational health and safety,<sup>1</sup> particularly among researchers in the health and caring professions.<sup>2-4</sup> In an American study of 175 registered nurses, 64% reported experiences of verbal abuse from a physician at least once every second month, while almost as many reported being yelled at or verbally insulted. In a nationwide American sample of 1,100 nurses, some 97% reported experiences of verbal abuse.<sup>5</sup> Mean incidence of verbal abuse reported by these nurses was five episodes per month. A British study among nurses showed that physical abuse was rare, being reported by only 2.5%, while 25% reported exposure to verbal abuse and 75% reported unfair criticism of work performance.<sup>6</sup>

Ongoing exposure to verbal or other kinds of psychological abuse at work, referred to as "bullying at work" by some researchers,<sup>7-9</sup> seems to represent a serious threat to the health and well-being of many employees.<sup>10,11</sup> In a study of 99 Norwegian nurses and assistant nurses working within a psychiatric hospital, 10% felt exposed to bullying at work.<sup>12</sup> These victims reported significantly more symptoms of burnout, lowered psychological well-being as well as more somatic health complaints than their fellow workers. In a study among employees at an Austrian hospital, some 26% were classified as victims of bullying.<sup>13</sup> Compared to non-victims, they reported elevated levels of depression, anxiety and psychosomatic complaints.

The term bullying<sup>9,14</sup> is used to conceptualise all those repeated aggressive actions and practices directed at one or more worker(s) which: are unwanted by the victim; may be done deliberately or unconsciously but do cause humiliation, offense and distress; and may interfere with job performance and/or cause an unpleasant working environment.<sup>15</sup> In a study of 137 Norwegian victims of bullying at work, the most commonly reported negative acts were social isolation and exclusion, highly unfair devaluations of their work and efforts, and exposure to teasing, insulting remarks and ridicule.<sup>16</sup> Such acts appear typical in bullying

episodes, with the victim systematically aggravated over a long period of time (mean duration seems to be around two years).<sup>17</sup>

Bullying may consist of both "direct aggression" with open verbal or physical attacks on the victim, and "indirect aggression" which takes the form of more subtle acts such as excluding or isolating the victim.<sup>9,11</sup> The most preferred style of aggression among adults is behaviour that appears to be rational, thus concealing the hostile intentions of the perpetrator.<sup>18</sup> During the early phases of bullying, victims are typically subjected to aggressive behaviours that are difficult to pinpoint because they are very indirect and discreet. Later on more direct aggressive acts appear. The victims are either isolated and avoided or humiliated in public by being made the laughing-stock of the department. In the end, both physical and psychological means of violence may be used.<sup>8,9</sup>

Exposure to bullying at work seems to be associated with elevated levels of depression, anxiety, psychosomatic symptoms and even musculoskeletal problems, seen as a direct consequence of the harassment of the victims.<sup>11,19</sup> Zapf et al found that victimisation and harassment in the form of repeated personal attacks had especially strong correlations with mental health variables.<sup>20</sup> Leymann claims that bullying is a major cause of suicide.<sup>9</sup> Hence, bullying at work is probably a more severe problem in working life than is evident.<sup>19</sup>

## Aims of this study

The aims of the present study are to investigate the frequency of bullying among a representative group of Norwegian assistant nurses and the potential negative consequences of such bullying on the psychological well-being of the victims. Assistant nurses work in a wide range of organisational contexts, from somatic hospitals to home-based care, many of which are supervised and managed by female nurses. Bullying has not been extensively studied among adult females working in female-dominated organisations, perhaps due to the myth of the "non-aggressive female".<sup>21</sup> Although women may use social manipulation as an

aggressive strategy more often than men, the notion that women are less aggressive than men has been seriously questioned.<sup>18</sup> There are, therefore, good reasons to assume that bullying at work may be a significant part of female interaction, just as it is a documented part of male-male interaction<sup>15</sup> and male-female interaction.<sup>6,10,22</sup>

Many definitions of bullying stress the difference in actual or perceived power and "strength" between the persecutor and the victim.<sup>11</sup> Assistant nurses are normally at the bottom of the hierarchy in their organisations, and thus may be more vulnerable than, for example, registered nurses. Therefore, this study examines the frequency of bullying experienced by assistant nurses, the aggressive acts involved, and the perceptions of who the perpetrators are.

In addition, relationships between exposure to bullying and the victims' psychological health and well-being, job satisfaction and symptoms of burnout are investigated. Some earlier studies have shown significantly negative relationships between bullying, health and well-being and job satisfaction in other organisational settings and professions.<sup>10,15,19,20</sup> Significantly negative relationships are therefore expected between exposure to bullying and psychological well-being and job satisfaction in the present study.

The relationship between burnout and bullying, to the authors' knowledge, has only been addressed in a small survey among 99 employees at a psychiatric hospital.<sup>12</sup> The burnout syndrome is usually marked by emotional exhaustion, depersonalisation of clients or co-workers and reduced personal accomplishment. Burnout among health care workers is claimed to be caused by a combination of high work stress and low social support,<sup>23</sup> which makes bullying a highly likely antecedent. A highly elevated level of burnout symptoms is expected among bullied assistant nurses compared with non-bullied assistant nurses in this study.

## Method

### Participants

From a total of 2,700 assistant nurses within a Norwegian county, 935 participants were randomly chosen. A response rate of 79.7% was secured, with

745 assistant nurses responding. Most of the respondents were women (97.2%), with a mean age of 41 years. Only one out of three (34%) worked on a regular daytime schedule, while 28.1% worked shiftwork. Furthermore, a majority of the assistant nurses worked in somatic hospitals (23%) and in nursing homes (36%). A questionnaire with different scales and items was mailed to all participants and returned anonymously by mail.

### Measures

Job satisfaction was measured with a 20-item scale originally developed in Australia.<sup>24</sup> The scale addressed satisfaction with issues related to work pressure, work control, social climate, work content (variation, learning, personal growth) and pay and career possibilities. Internal consistency of the scale was high (Cronbach's alpha = 0.89). Burnout was measured with a 25-item inventory developed by Matthiesen and Dyregrov in which emotional fatigue, loss of self-esteem and difficulties in interpersonal relationships at work were the main issues.<sup>25</sup> Cronbach's alpha of this scale was 0.94 in the present study. Psychological well-being was measured with a six-item scale, including items on sleeplessness, depression and anxiety (Cronbach's alpha = 0.85).<sup>26</sup>

After introducing a definition of bullying, respondents were asked whether or not they felt bullied themselves, whether they had observed others being bullied at work, and to what degree they felt that bullying was a serious strain in their daily life. The victims were also asked to indicate how they were bullied, using the Negative Act Questionnaire (NAQ).<sup>15</sup>

## Results

Three per cent admitted to being bullied at work at present, while 8.4% reported former experiences as victims of bullying at work (mean duration of these former episodes was one month; however, some 30% reported being bullied for a period of more than two years). Additionally, 20% of all respondents acknowledged that bullying took place in their department. One-third of the victims presently experiencing bullying (33.3%) reported other assistant

nurses as the perpetrators, another 29.2% reported being bullied by nurses, and 12.5% by the head nurse of their department. Other superiors were reported as the bullies by 25% of the victims. Only a few of these were physicians. No one reported patients/clients or relatives as the source of bullying.

A total of 3.9% agreed to the statement "Harassment (bullying, teasing, out-freezing towards me) represents a serious strain in daily work". Thirty-six respondents (4.8%) agreed to at least one of the two questions on current exposure to bullying at work while simultaneously reporting exposure to at least one type of bullying behaviour as measured by the NAQ. This operational definition is used later when the sample is separated into bullied and non-bullied assistant nurses.

The victims reported serious slanders as the most common method of bullying, with 45.5% reporting that it occurred "quite often" or "very often". Some 32% reported frequently being met with silence or hostile attitudes from the aggressors. The same number felt troubled by rumours being spread about them.

A particular kind of bullying perhaps takes place when necessary information related to the assistant nurse's job is systematically withheld. This reduces his/her ability to perform the job adequately. Of those being bullied, 34% reported such incidences as occurring frequently. Many felt that they were teased in an offensive manner (49%), ignored at meetings and other social settings (26%), or constantly yelled at (26%).

The bullied assistant nurses were far more burnt out than their fellow workmates ( $F = 14.25$  (1/669),  $p < 0.001$ ), reporting more negatively than their colleagues on 20 out of 25 items. The bullied assistant nurses also reported more psychological problems than their non-bullied workmates, such as sleeping problems, anxiety, depression and irritability ( $F = 5.59$  (1/633),  $p < 0.02$ ). Furthermore, the bullied assistant nurses were significantly more dissatisfied with their jobs than the non-bullied assistant nurses ( $F = 5.96$  (1/709),  $p < 0.05$ ).

## **Discussion**

The results clearly indicate that bullying at work is a problem among assistant nurses. Approximately one

out of 10 assistant nurses has been a victim of bullying in the past, and 4% are currently experiencing bullying as a problem; this incidence appears to be average in Scandinavia. In a representative sample of the Swedish workforce, 3.5% were classified as victims of bullying at work.<sup>9</sup> In a survey among all employees at three Norwegian nursing homes, 7.6% reported exposure to ongoing bullying.<sup>17</sup>

An interesting result from this study is that most victims reported other assistant nurses or superior nurses as their bully, indicating that the perpetrators were mostly females. In some of the earlier studies of nurse abuse,<sup>2,5</sup> the abusive behaviours considered were mainly those committed by physicians, managers, patients or relatives. In the present study, none of the victims reported being bullied by patients or relatives, while physicians only ranked fourth. This again supports the notion that a kind of systematic aggression does exist within female peer groups and within female subordinate/superior relationships, with high levels of distress among the victims of such behaviour.

The kinds of aggression used in these relationships seem mainly to be of an indirect and social manipulative kind, such as rumours, slander, silence and ignoring. An American survey of 178 employees in a wide range of organisational settings revealed verbal and passive forms of aggression to be the most frequent kinds of workplace aggression.<sup>27</sup> To counterattack or cope with such kinds of aggression may be difficult. A key element of many definitions of bullying at work is the difficulty victims have in defending themselves in the actual situation.<sup>11</sup>

The findings of the present study confirm the hypothesis that there is a significant relationship between bullying and burnout among health care professionals.<sup>12</sup> The work of assistant nurses is characterised by a certain need to be emotionally involved with clients and patients. The heavy physical and psychological demands of such occupations may, in some instances, cause emotional exhaustion and the development of negative attitudes towards other people which, in turn, may reduce the individual's ability to adequately handle interpersonal relationships at work.<sup>28</sup> The bullied assistant nurses in this study

displayed an increased level of burnout, especially when it came to their ability to be emotionally involved with patients and clients, that is, to properly take care of their needs. Consequently, bullying may impair the victim's job performance which in turn may make him/her a target of aggressive behaviour.

The results also confirmed that bullied assistant nurses have lowered job satisfaction and a negative assessment of various aspects of their daily work. In a Norwegian study of the relationship between job satisfaction and bullying, not only victims but also observers of bullying reported lowered job satisfaction. There was a wide range of factors related to social climate and job content, indicating that low job satisfaction is not only in the mind of the victim.<sup>29</sup> Lowered job satisfaction also seems to be a common consequence of both sexual harassment<sup>22</sup> and harassment in male groups.<sup>15</sup>

The present findings further support the hypothesis that exposure to bullying is associated with lowered psychological health and well-being. A study among university employees showed that victims of bullying experienced higher levels of both depression and anxiety.<sup>19</sup> In a study among employees of an Austrian hospital, significantly higher levels of psychological health problems were found among victims of workplace bullying than among employees in general.<sup>13</sup> In fact, it seems that negative social interactions are better predictors of psychological distress than are social support factors.<sup>30</sup>

## Limitations

Some methodological limitations of the present study must be mentioned. First, the present study does not allow for conclusions about causality to be drawn. Bullying may be both a cause or an effect of psychological problems and burnout, as well as lowering job satisfaction. Although interpersonal conflict with colleagues is seen as an important factor in the development of burnout,<sup>28</sup> distressed nurses may also annoy others, perform less competently or violate expectations, thus creating aggressive outlets in others.<sup>31</sup> In addition, earlier research has shown role conflict and role ambiguity to be important factors

in both bullying<sup>29</sup> and burnout,<sup>28</sup> thus creating a spurious connection between the two. An unavoidable circle of events may also account for this relationship.

Second, the data reported are based on self-reports which suggest problems with both common method variance and issues of validity in the classification of victims.<sup>11</sup> The present study does not convey any information from co-workers or independent observers confirming the victimisation reported. Substantial discrepancies in subjective perceptions and interpretations among perpetrators, observers and subjects in interpersonal conflicts are to be expected.<sup>32</sup>

For example, studies of sexual harassment have shown that an incident that is considered mildly offensive by one individual might be seen as serious enough to warrant a formal complaint by others. However, the effects of perceived or real mistreatment have been shown to be similar;<sup>33</sup> some even claim that the negative consequences of abusive behaviour are dependent on a subjective awareness of the mistreatment.<sup>11-34</sup> In fact, people tend to deny or minimise abuse so as to survive in an abusive environment.<sup>35</sup>

## Conclusion

This study has shown that some assistant nurses have experienced the highly aggressive behaviour of other nurses towards them, causing them to feel victimised and bullied. Assistant nurses who were not bullied themselves also acknowledged that such bullying took place. In addition, it has been shown that symptoms of burnout, lowered job satisfaction and lowered psychological well-being are highly related to these experiences of victimisation.

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