

Interventions against bullying of prelicensure students and nursing professionals: An integrative review

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Abstract

The problem of bullying is of such significance, health care accreditation agencies such as The Joint Commission have reiterated that these behaviors compromise on patient safety. Researchers demonstrate that much is known about the existence of bullying behaviors in health care and its detrimental effects on the profession of nursing. Leaders in health care and nursing education are beginning to tackle this issue. Guided by the methodology of Whittemore and Knafl, the purpose of this integrative review was to analyze literature discussing the interventions against bullying directed towards prelicensure nursing students and professionals.

KEYWORDS

bullying education interventions, health care antibullying, horizontal violence interventions, lateral violence prevention

1 | INTRODUCTION

Bullying is often viewed as a cluster of negative behaviors related to and discussed in the context of childhood and adolescence. Unfortunately, neither adulthood nor the well-respected profession of nursing¹ is immunized to the insidious nature of bullying. Understanding the detriment and harm bullying can inflict, nursing researchers are analyzing how to address and ultimately prevent harm to those within the nursing profession (Figure 1).

1.1 | Bullying

It ought to be noted that there are several terms in the literature when referring to “bullying” and associated behaviors in a clinical setting. There is no consensus upon one definition of bullying. Terminologies, such as horizontal violence, vertical violence, and incivility are used when discussing behaviors, which the other researcher may refer as bullying. Hutchinson (2013)² noted that the subgroups of behaviors described in the nursing literature as qualities of horizontal violence, lateral violence, incivility, and aggression clarify the definition of bullying.

Though incivility and bullying are defined differently by some researchers and used interchangeably by others, the behaviors involved have the potential to inflict harm upon nurses, the profession of nursing, and aspects of health care regardless of the nomenclature.³ Bartlett and Bartlett⁴ stated that bullying encompassed a range of disruptive, repetitive, and ineffective behaviors, such as criticism and humiliation, negative acts perpetrated by an individual in a position of power intended to cause fear in a targeted individual. For the purposes of this study, the term *bullying* and definition of bullying developed by Bartlett and Bartlett will be used throughout.

1.2 | Impacts of bullying

1.2.1 | Physical and somatic impacts

The Joint Commission (2016)⁵ determined bullying behaviors to be detrimental to health care settings, which can jeopardize a patient's life. Nurses who have experienced bullying often are not physically touched, however, the effects of the negative behaviors can be detrimental to the targeted individual.

Physiologically, victims may experience numerous somatic disturbances. Repeated exposure to stressors, such as bullying depletes the human body's rudimentary defense system and increases the

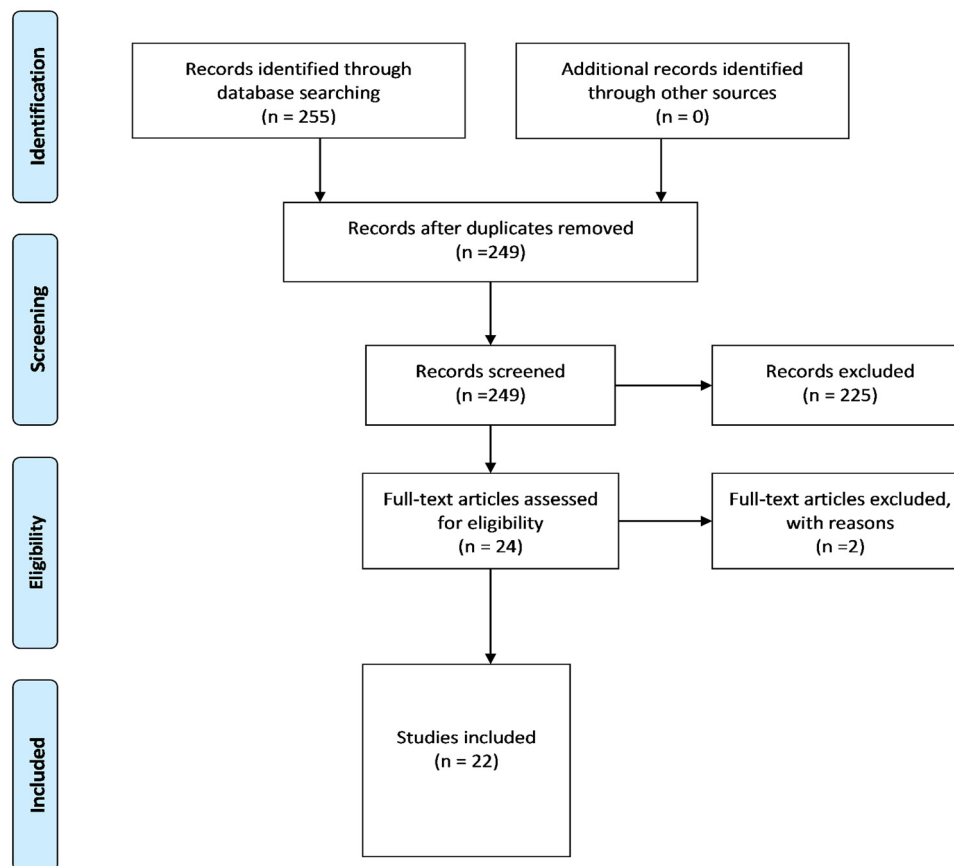


FIGURE 1 PRISMA flow chart for bullying intervention literature⁶ [Color figure can be viewed at wileyonlinelibrary.com]

individual's risk of hypertension, heart disease, and other maladaptive responses to stress.⁷ Other researchers have indicated that victims of bullying in health care settings experience problems, such as physical discomforts, fatigue, and angina.^{8,9} Psychologically, targeted individuals experience anxiety, depression, and posttraumatic stress disorder even years after a bullying incident.¹⁰

It must be noted that individuals who have witnessed bullying behaviors in workplace settings respond similarly to the actual victims. Cardoso et al¹¹ revealed the detrimental effects of bullying reach those who observed these behaviors. These witnesses experience similar somatic complaints and psychological disturbances as if they were the recipients of the bullying behaviors.¹¹

1.2.2 | Financial impact

Health care organizations experience a financial burden when employees are impacted by workplace incidences like bullying.¹² In a scenario where an individual is bullied there are direct costs incurred, such as paid sick leave and the cost of the employee using employee assistance programs along with the indirect cost of hiring and training new workers.¹³ Indvik and Johnson¹³ found that nearly 25% of bullied individuals and 20% of those who witnessed bullying in an organization resign as a result. To replace a skilled professional such as a registered nurse, researchers note it costs an organization over \$20,000 per person to properly replace the staff.¹⁴

1.3 | Is there a solution for the nursing profession?

With scholars demonstrating the detriment bullying poses to nursing, various means have been sought to address the issue. Reducing and ultimately eliminating bullying will take time and a concerted effort from the profession. This task has started with researchers analyzing various means to effectively respond to bullying in nursing. The purpose of this integrative review is to analyze and explore research articles that specifically examined the interventions to address bullying perpetrated against nursing professionals.

2 | METHODS

The methodology outlined by Whittemore and Knaf¹⁵ provided organizational guidance for this integrative review. This method includes the following five steps: identification of the research problem (noted in the preceding section), literature search, evaluation, analysis of data, and finally, presentation of the results.

2.1 | Literature search

To eradicate bullying in the nursing profession there is a need to identify the interventions that have been proposed to mitigate bullying in this field. An electronic search of the *Scopus* database was

performed using keywords *nursing*, *nursing students*, *bullying*, and *interventions*. The inclusion criteria for the literature search were (1) articles from English language and peer-reviewed journals, (2) research analyzing methods to mitigate bullying in the nursing, and (3) any research design methods were included.

Research into specific ways to lessen the effects of bullying on nurses was emerging during the early to mid-2000s. To capture several pertinent, primary research articles, a broad timeframe was used. *Scopus* listings between January 2004 and 2018 yielded 83 articles. In addition to this database search, PubMed was used to search for additional articles pertaining to bullying interventions in nursing during the same period, January 2004 to 2018. This search yielded 172 articles. Six duplicate articles were eliminated.

2.2 | Evaluation and analysis of data

A review of the titles and abstracts determined the relevance of the 249 articles to this integrative review's purpose. Upon review, 225 articles did not meet the inclusion criteria. One article, *Cochrane Database of Systematic Reviews*, was excluded at this time but is discussed later in this review. The 24 remaining articles were evaluated and two were excluded because one article was an opinion article and the second article discussed a framework to explain the rationale for bullying in the nursing profession.

3 | RESULTS

Twenty-two articles comprised this integrative review. Articles included used a variety of design methods to obtain and analyze data including qualitative, quantitative, mixed-methods, and quality improvement studies. Subjects of the studies were nurses and nursing students. Researchers performed their studies in North America except for one, which was performed in South Korea. Authors of the studies presented various means to address bullying in the nursing profession.

Each article was assessed for the level and quality of evidence based on the Johns Hopkins Nursing Evidence-Based Practice Evidence Level and Quality Guide (2017). None of the research articles met level I-a or II-a indicative of high quality experimental or quasi-experimental research.¹⁶ One article reviewed was a level I-b, another study was II-b. The remaining articles were categorized between level III and level V indicative of lower levels of evidence (ie, strength) but not necessarily poor quality with respect to the presentation.¹⁶

Several overarching themes emerged upon reviewing the articles as a means to mitigate and eliminate bullying in the nursing profession. The interventions researchers discussed in the articles included: educational interventions, nurses as leaders, and policy interventions.

3.1 | Educational interventions

3.1.1 | Curriculum integration

By integrating bullying information and knowledge into the pre-licensure nursing curriculum may help change the perception of

bullying from an acceptable part of nursing to intolerable and unprofessional behavior. Acknowledging that there are detrimental effects from bullying in the nursing profession, Gillespie et al¹⁷ performed a nonexperimental, descriptive study with the goal of developing an educational program for nursing students. Targeting junior and senior level nursing students, the educational material was disseminated via various media platforms during different phases of the students' educational journey. Upon review by advisory board members and external peer reviewers with respect to the educational intervention, the consensus was that the program had merit. However, modifications to the material would be necessary before a larger scale implementation or study could proceed.¹⁷

Through the use of didactic and simulated training scenarios, Pines et al¹⁸ introduced nursing student subjects to a variety of skills, such as developing personal styles of conflict management to mitigate the turbulent health care landscape. Designed as a pilot study, Pines et al¹⁸ introduced didactic curriculum and resiliency intervention based upon curriculum from the *PENN Resiliency Program* and *TeamSTEPPS*.²⁵ Data were collected and despite the use of effective preexisting programs, Pines et al¹⁸ noted there were no significant changes in the subjects' perceived empowerment and stress resiliency after training.

3.1.2 | Problem-based learning

Problem-based learning (PBL), an additional educational intervention, which had been studied as a means to moderate the effects of bullying behaviors. According to Wood,¹⁹ in PBL students' guide, their own learning based on a problem scenario is presented. It encompasses self-directed study and group discussion not to solve the problem presented but to increase an overall understanding of the dilemma or problem at hand.¹⁹

Researchers for two related studies using PBL analyzed the effectiveness of this type of intervention when presented to the nursing students.^{20,21} Clark et al²¹ introduced a PBL scenario to nursing students to address incivility and the realities of real workplace settings. Using textual content analysis to analyze participants' responses, researchers concluded that PBL was effective. Clark et al²⁰ performed a follow-up study to evaluate the participants' ability to integrate the lessons from the PBL intervention, 10 months later, as novice registered nurses in various workplace settings. They used a survey to evaluate PBL intervention and textual content analysis to decipher the narrative responses. Noting that novice nurses developed positive means to manage incivility in the workplace, they deemed PBL as a valid means to instruct student nurses about incivility in the workplace.

3.1.3 | Journaling

Journaling has been investigated as a viable means to lessen the effects of bullying behaviors. Journaling allows for the documentation of an individual's perceptions and experiences.²² Researchers in the two studies analyzed the benefits of journaling to address

incivility in the nursing profession. Jenkins et al²² used a mixed-methods design to analyze the effectiveness of journaling. After the implementation of the journaling intervention, student nurse participants ($n = 10$), became cognizant of and changed their perceptions of bullying behaviors.²² Kerber et al²³ expanded upon the previous research to include a larger sample ($n = 65$). Researchers noted that the journaling intervention created a greater awareness of incivility and civility in nursing and helped student nurses understand their role in being part of a civil environment.²³

3.1.4 | Cognitive rehearsal

Cognitive rehearsal has been used as an educational means to appropriately respond to negative situations such as bullying within nursing. Northam²⁴ further noted that cognitive rehearsal referred to a mental reorganization tool to build confidence and to think positively. Researchers of the three studies analyzed the efficacy of cognitive rehearsal. Cognitive rehearsal allows an individual to think and process the overall situation before responding.²⁵ In theory, it teaches people not to internalize disparaging behaviors and how to respond professionally.²⁵ Griffin²⁵ in an exploratory descriptive study using cognitive rehearsal, noted improved retention and novice nurses' ability to confront bullying. Kang et al²⁶ in a later study also used a cognitive rehearsal program in the clinical setting and noted some improvement with respect to interpersonal relationships and nurse retention. Kang et al²⁶ noted that findings were statistically significant between the experimental and control groups in interpersonal relationships ($F = 6.21$; $P = 0.022$) and turnover intention ($F = 5.55$; $P = 0.024$).

Stagg et al²⁷ in their study using cognitive rehearsal noted that workplace bullying decreased. At least half of the nurse study participants were able to recognize bullying behaviors and 70% changed their behaviors as a result of the cognitive rehearsal intervention.²⁷ Despite the large percentage of the participants expressing belief in their ability to intervene in bullying after the intervention, a mere 16% responded to bullying behaviors when they were observed.²⁷

3.1.5 | Educational courses within the health care settings

Some organizations recognized the necessity to investigate ways to mitigate bullying behaviors within the health care settings. Nikstaitis and Simko²⁸ used a three-phase educational intervention presented to intensive care unit nurse participants to educate and provide techniques to manage episodes of incivility among nursing staff. Nikstaitis and Simko²⁸ who defined incivility as subtle behaviors not intended to harm anyone but contrary to workplace standards, indicated bullying typified incivility, which they referenced. Over a 12-week period, researchers provided didactic instructional classes to mitigate the negative behaviors and effects.²⁸ The results did not yield a statistically significant improvement in knowledge of incivility.²⁸ Nikstaitis and Simko²⁸ stated that the data indicated a slight increase in the nurses' ability to identify incivility in the workplace setting.

Chippis and McRury²⁹ found similar results in their quasi-experimental pretest and posttest study performed on a rehabilitation unit. After a pretest was given to the participants, a 3-month educational intervention program that focused coping with conflict situations was introduced followed by posttest 4 months after the intervention.²⁹ Researchers noted that after the educational intervention reports of bullying increased from 13% in the pretesting to 25% after the intervention, which was thought to be the result of the participant's ability to identify bullying behaviors. As an incidental result of the intervention, participants created learning communities where they interacted and exchanged ideas to manage challenging behaviors, something they deemed beneficial when addressing bullying behaviors.²⁹

Ceravolo et al (2012)³⁰ in their quality improvement study found beneficial results from the educational workshops provided to nurses. They presented information regarding lateral violence, communication, and conflict resolution via a workshop format (Ceravolo et al., 2012). After the workshop presentations, reports of nurses who experienced verbal abuse in the health setting declined from 90% to 76%. Participants noted an improved work atmosphere where opinions were respectfully voiced, and they expressed their desire to assist in finding solutions to the problem of bullying (Ceravolo et al., 2012).

3.2 | Nurses as leaders

Nurses at every level of practice can potentially implement positive changes in the culture of nursing. Researchers proposed nurse leaders have a key role in mitigating bullying in various settings. Decker and Shellenbarger,³¹ for example, believed that nurse faculty leaders have a pivotal role in creating a healthy work and educational environment through multidimensional educational programs. An empowerment model that utilizes components of clear communication, accountability of oneself, collegiality, and autonomy has been proposed to create a civil nursing education environment to mitigate bullying behaviors in nursing academia.³²

On the basis of research performed at a large health system in New York, a case study examined antibullying interventions implemented by shared governance committees. These groups guided by nursing professional development specialists implemented ways to lessen the presence of bullying in health care institutions.³³ As guides and mentors for the direct care nurses and shared governance groups, the nursing professional development specialists used a multidimensional approach to implement a culture change to mitigate bullying.³³ It was noted that nursing at all levels needed a change for the nursing culture to become more professional.³³

In a related yet separate study performed in central New York hospitals, nurses were surveyed with respect to their perceptions of bullying. The perceived solution to bullying in the health care setting involved nursing management's direct involvement.³⁴ Myers et al³⁴ concluded that nursing management needs to enact the known strategies and adopt evidence-based interventions as a means to combat bullying in the health care setting. Edmonson et al³⁵ similarly advocated for the involvement of nursing leadership and holding individuals accountable for bullying behaviors in the health care settings.

Skarbek, Johnson, and Dawson³⁶ agreed that the nursing leadership was an important component in addressing negative behaviors and the managers needed to hold individuals accountable for their conduct. Skarbek et al³⁶ noted that individual counseling of a bully was more effective in correcting an individual's the behavior when compared to a mandated antibullying course. To change the culture surrounding the nurse bullying, nursing administration, and managers need to confront those who perpetrate the behaviors and provide support for the bullied nurse.³⁶

3.3 | Policy intervention

Policies alone have been analyzed as a means to mitigate bullying behaviors within health care. Viewing the relative success of the Hospital Consumer Assessment of Healthcare Providers (HCAHPS), researchers proposed that a similar system needs to be designed to penalize health care institutions where bullying behaviors have been reported.³³ No research has been performed due to the lack of instrumentation to measure the outcomes.³⁷

Developing a culture where aggression in the workplace was not an acceptable norm was explored as another viable means to address violence in the health care setting through policy change.³⁸ In a descriptive study, researchers in conjunction with the emergency department educational council used several components including educating nursing staff regarding aggression in the workplace, visual reminders of what to do if such an incident occurred, and increased managerial involvement in the clinical setting as means to change the notion that any level of violence in the workplace was not acceptable and needed to be reported.³⁹ Despite the multiple layered educational endeavors, formal documentation of workplace aggression decreased from 53% to 47% ($P=0.06$) possibly attributed to the perception that certain incidents were too trivial or nothing would happen by reporting such incidents.³⁹ Though a potentially viable means to improve reporting incidents occur in the clinical setting, researchers determined additional ways of reporting such incidents may be necessary to become effective.³⁹

4 | DISCUSSION

Researchers indicated various interventions that may mitigate bullying in various settings and with various segments of the nursing population. Three overarching findings of educational interventions, nurses as leaders, and policy interventions, in conjunction with each other can be effective in addressing bullying in various settings.

4.1 | Educational interventions

Educational interventions to address bullying are key components to eliminate the behaviors and actions. Educational endeavors are needed to teach and implement change within the nursing culture. Nikstaitis and Simko²⁸ noted the increased awareness of negative behaviors as a valuable step in addressing the problem. Student nurses reportedly

gained knowledge with respect to managing incivility in the clinical setting²¹ and introducing a didactic educational plan for the students addressing bullying behaviors may have merit.¹⁷ It should be noted that educational interventions may be most beneficial to the student nurses due to their lack of affiliation to any health care institution.

4.2 | Nurses as leaders

Researchers noted that in health care settings nurses hold nursing leaders accountable for civil work environments³⁴ To implement change in nursing culture, nursing leaders need to be willing and able to address concerns when nursing staff report negative behaviors irrespective of the individuals involved.^{35,40} Ignoring the problem of bullying is not an effective means to eliminate negative behaviors and actions. Leadership must assume an active role in decreasing bullying behaviors and work toward a safe and healthy workplace by following evidence-based practices³⁶ (Parker et al. 2016).

4.3 | Policy interventions

Policies have been introduced to address bullying in nursing. Since 2008, The Joint Commission did not mandate but suggested that hospitals create a zero-tolerance policy regarding various types of disruptive behaviors including bullying. While in 2009, institutions were mandated to implement codes of conduct governing the negative behaviors (Castronovo et al., 2016). At the state and federal level, an addendum to the federal labor law has been proposed. Entitled Healthy Workplace Bill (HWB) is a proposed legislation in the US Congress designed to protect adult employees who have experienced abuse in the workplace setting.⁴⁰

4.4 | Limitations

Additional interventional research related to the review may have been missed. For example, limiting the journal search to English written journals may have excluded bullying research published in other languages. Also, the search method and key terms used may have failed to locate all applicable studies pertaining to the interventions to mitigate bullying behaviors. These limitations were minimized by the current search method locating over 200 articles addressing various aspects of bullying behaviors in health care settings.

Few studies demonstrated quantifiable results indicating the effectiveness of one method versus another, suggesting ways to lessen or eradicate bullying behaviors. The quality improvement and exploratory studies relied upon the subjects' reports of effectiveness. Studies using self-report surveys could have permitted personal bias to affect the survey results.

5 | CONCLUSION

Although bullying behaviors are experienced by nurses at every level of the profession, researchers have acknowledged that changes are

necessary. Several institutions and researchers have explored and analyzed interventions to address bullying behaviors in various settings. Some reported interventions were successful yet the studies were relatively small.

Given the level of evidence and the lack of large studies completed regarding mitigating the effects of bullying or eliminating bullying against nurses, more research is necessary. The results coincided with the findings from the Cochrane Collaboration.

The Cochrane Collaboration analyzed studies and reports regarding bullying in the workplace. The researchers concluded that the quality of evidence was relatively low, which precluded them from performing in-depth analyses of some studies.⁴¹ The conclusion noted that well-designed high quality, controlled trial studies need to be conducted to better assess the effectiveness of bullying interventions.⁴¹

These research endeavors have yet to produce high-quality studies to quantitatively address the ongoing issue of bullying in the nursing profession and how best to mitigate and ultimately eliminate these aberrant behaviors. It is possible that multiple stratified interventions will be necessary to fully address bullying with nursing. Though true, researchers are beginning to provide some possible solutions for the nursing profession, as well as for the prelicensure students. It is imperative for nursing to find a definitive intervention to prevent bullying for the health and safety of all nurses, as well as the patients entrusted in their care.

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AUTHOR CONTRIBUTIONS

Ms Rutherford was responsible for conceptualizing, designing, analyzing, interpreting, drafting, and approving the final version of the manuscript. Dr Gillespie was responsible for conceptualizing, designing, interpreting, revising, and approving the final version of the manuscript. Dr Smith was responsible for conceptualizing, designing, interpreting, revising, and approving the final version of the manuscript.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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