



Workplace Bullying in the Health Sector

Fact Sheet

Workplace bullying is a widespread phenomenon that casts harmful effects on health care organisations and the health system as a whole, including patients. It has particular importance to the nursing profession, in light of growing concerns over the poor professional practice environments of nurses in many countries. Such environments lead to problems in retaining and recruiting nurses, contributing to the overall nursing shortage, and ultimately resulting in a decline in quality patient care.

Bullying defined

The International Labour Organization defines bullying as “offensive behaviour through vindictive, cruel, malicious, or humiliating attempts to undermine an individual or group of employees”.¹ Bullying can come from colleagues, employers, supervisors, managers, patients or patients’ families, and may include:

- Sadistic or aggressive behaviour over a period of time
- Exclusion from meetings or opportunities for advancement
- Humiliation or ridicule
- Persistent, unwarranted criticism in public or private
- Changing work responsibilities unreasonably or without justification
- Deliberately withholding information to affect work performance
- Punishing others for being too competent
- Overworking or overloading for purposes of punishment.²

Facts and figures

- Workplace bullying is one of the fastest growing areas of workplace violence.³
- A study exploring workplace bullying in a health sector organisation in Australia showed that 50 percent of respondents had been exposed to bullying within the previous 12 months. Fellow colleagues were the highest reported source of bullying.⁴
- A survey of 1100 employees in one health care organisation in the United Kingdom revealed 38 percent of workers had experienced bullying.⁵
- In a separate study from the United Kingdom, one in six nurses reported bullying at the hands of a colleague. The figure rose dramatically to three out of ten for nurses from an ethnic minority. Immediate supervisors or managers were the most common perpetrators.⁶

- Studies have shown a link between organisational issues/changes and bullying.⁷
- In a survey of 114 third year nursing students, nearly half of respondents (46 percent) reported they had been verbally abused by patients, patients' relatives or fellow staff. Verbal abuse is a behaviour often used by perpetrators of workplace bullying. Verbal abuse against nursing students is just as likely to occur in general wards as in mental health and learning disability settings. In the same survey, eight percent of students reported having received death threats.⁸
- According to the Joint Programme on Workplace Violence in the Health Sector [see <http://www.icn.ch/sewworkplace.htm>]:
 - ⇒ Psychological violence, which includes bullying, is more widespread than physical violence. On average, nearly 45 percent of respondents in country studies had experienced some type of psychological violence, while an average of just 8.5 percent of respondents overall were the victims of physical violence. Moreover, psychological violence poses a greater risk to the mental health of victims. In the study, between 40 percent up to 70 percent of the victims reported significant levels of post-traumatic stress disorder symptoms.⁹
 - ⇒ Bullying constituted the second most common type of workplace violence in Bulgaria and Lebanon: 38.1 percent of nurse respondents in Bulgaria and 22.1 percent of all health sector respondents in Lebanon experienced bullying.^{10,11}
 - ⇒ A country case study of South Africa concluded that 26.1 percent of nurses had experienced bullying, while 20.8 percent of nurses surveyed in Brazil experienced bullying.
- In a survey conducted by the UK Royal College of Nursing, nearly 50 percent of victims who reported incidents of bullying said they were not satisfied with their employer's handling of the case.¹²

In general, the prevalence of workplace bullying is likely to be much higher than stated in the literature as many incidents go unrecognised or unreported.

Effects of workplace bullying

The damaging effects of workplace bullying are far-reaching and may include:

- Deterioration in the quality of patient care delivered
- Deterioration in the quality of staff relations
- Low staff morale
- Increased stress levels and stress-related illnesses
- Feelings of shock, disbelief, shame, guilt, anger, fear, and powerlessness
- Depression and self-blame, which can lead to a loss of self-confidence, putting not only the nurse in danger, but patients as well
- Sleeplessness and loss of appetite
- Lower levels of job satisfaction
- Increased costs to employers and the health system
- Increased absenteeism and sick leave
- Poor performance and lost productivity
- Loss of creative problem-solving capacity
- Attrition (resignations) of staff.^{13, 14, 15}

Nurses are at risk

Bullying is a form of violence. The Joint Programme on Workplace Violence in the Health Sector found that nurses are three times more likely on average to experience violence in the workplace than other occupational groups.¹⁶

Risk factors associated with bullying may include:

- Staffing patterns
- Stress, tension, and frustrations
- Lack of training to recognise or cope with bullying
- Shift work and demanding workloads
- Lack of reporting system or punishment against perpetrators
- Working alone
- Poor management skills and policies ^{17,18,19}

Bullying may be attributed to:

- Clash of personalities between perpetrator and victim
- Workplace relationships
- Appearance or disability
- Success or achievement / jealousy
- Culture of tolerance or acceptance of violence
- Race, gender, religion, and sexual orientation ^{20,21}

ICN/ICHRN Actions

Bullying poses a great risk to the mental and physical health of nurses, which can lead to a deterioration of patient care. Only when incidents of bullying are taken seriously by employers, staff and patients will these risks be reduced or removed from the health sector workplace. The International Council of Nurses and its International Centre for Human Resources in Nursing:

- Develop position statements on the issues at international level (see websites www.icn.ch and www.ichrn.org)
- Collect and disseminate data and present information at international conferences, congresses and regional forums
- Support national nurses associations (NNAs) with data collection
- Support government lobbying efforts by NNAs, e.g. Portugal seminar
- Collaborate with SANNAM and the Norwegian Nurses Organisation to reduce the incidence of workplace violence in five sub-Saharan African countries
- Forge alliances with others on issues of concern (e.g. the International Labour Organization/International Council of Nurses/World Health Organization/Public Services International Joint Programme on Workplace Violence in the Health Sector)
- Advocate/campaign for positive practice environment for all health professionals.

For further information, please contact: ichrn@secretariat.org

The International Council of Nurses is a federation of 129 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

The International Centre for Human Resources in Nursing was established in 2006 by the International Council of Nurses and its premier foundation the Florence Nightingale International Foundation. The Centre is dedicated to strengthening the nursing workforce globally through the development, ongoing monitoring and dissemination of comprehensive information and tools on nursing human resources policy, management, research and practice.

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¹⁶ Ibid. Di Martino V (2002).

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