BULLYING AND ITS PREVENTION AMONG A NATIONAL SAMPLE OF ISRAELI ICU NURSES

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LEARNER OBJECTIVES

Upon completion of this session the participant will be able to:

- Describe the prevalence and consequences of bullying around the world and suggested methods to prevent it.

- Describe the prevalence of bullying and the methods taken to prevent it in a national sample of Israeli Intensive Care Unit (ICU) nurses.
BACKGROUND

Bullying defined as:

a. Repeated offensive, abusive, intimidating, insulting behaviors

b. Abuse of power

c. Unfair sanctions

- Makes recipients feel humiliated, vulnerable or threatened
- Creates stress and undermines self-confidence

(Embree, & White, 2010; Hutchinson, Wilkes, Jackson & Vickers, 2010; Murray, 2009; Rowell, 2005; Yildrim & Yildrim, 2007).
Prevalence of Bullying

- 86.5% of a sample of Turkish hospital nurses reported “mobbing” (Yildrim & Yildrim, 2007)
- 52.6% of a sample of South African generalist nurses (Khalil, 2009)
- 27.3% ER nurses in Washington State (Johnson & Rea, 2009)
- 18% of those reporting bullying came from the ICU in a US sample of 303 nurses, (Vessey et al., 2009)
CONSEQUENCES OF BULLYING

- Physical
  - Headaches, change in eating habits, sleep disturbance, bowel disturbances, palpitations, etc.

- Psychological
  - Anxiety, depression, feelings of isolation, etc.

- Decreased quality of care
- Decreased job satisfaction/increased turnover
- Increased burnout

(Katrini, et al., 2010; Murray, 2009; Laschinger, Grau, Finegan & Wilk, 2010; Rowell, 2005; Woelfle & McCaffrey, 2007)
PREVENTION OF BULLYING

- Increased awareness

- Development of institutional protocols
  - Documentation
  - Zero tolerance
  - Disciplinary action
Study Objective

- No studies found that investigated just ICU nurses
- No studies found that investigated bullying in Israel
- No studies found that correlate the prevalence of bullying with preventive strategies

Purpose:

The purpose of this study was to describe the prevalence of bullying as well as what measures were taken to prevent it, as perceived by a national sample of Israeli ICU nurses.
METHOD

- **Sample:** Convenience sample of 155 ICU nurses from 5 medical centers

- **Data collection:**
  - After institutional ethical approval and pilot testing, questionnaires were administered according to unit preference (staff meeting or individual contact)
  
  - Responses returned to closed envelope in central location
INSTRUMENTS

- Demographic and work characteristics questionnaire

- Negative Acts Questionnaire-Revised
  - Einarsen, Hoel & Notelaers, 2009
  - Measures exposure to bullying
  - 22 items, 5 point, Likert scale

- Prevention of Bullying Questionnaire
  - Developed by investigators
  - 42 items on 4 point, Likert scale
  - 3 subscales: institution, unit and individual
RESULTS

Sample:

- Female (n=102, 69%), married (n=112, 77%) and Jewish (n=96, 67%)
- Mean age: 41.3 (SD=9.9), 11.5 (SD=9.0) years’ experience
- Staff nurses (n=111, 76%), BA (n=87, 60%)
BULLYING

- 29% (n=43) reported being a victim of bullying
- No respondent reported being bullied on a daily basis
- Mean NAQ-R item score = 1.6 out of 5 ($SD=1.4$)
BULLYING (CON’T)

Lowest scoring items:
  • Hints that you should quit ($M=1.18$, $SD=.53$)
  • Threats of violence or physical abuse ($M=1.19$, $SD=.58$)

Highest scoring item:
  • Exposed to unmanageable workload ($M=2.10$, $SD=1.03$)
PREVENTION OF BULLYING

- Total mean score: 97/168 ($SD=14.4$) (57.7%)
- Item mean 2.4 out of 4 ($SD=0.3$)
- Institutional Prevention: item mean score=2.7 ($SD=0.5$)
- Unit Prevention: item mean score= 2.2 ($SD=0.4$)
- Individual Prevention: item mean score= 2.4 ($SD=0.3$)
Prevention of Bullying

Lowest scoring item:
- There is a prevention program on my unit ($M=1.96, SD=.68$)

Highest scoring items:
- I am aware of the topic of bullying ($M=3.08, SD=.78$)
- If I was bullied, I would share my experience with friends and/or family ($M=3.12, SD=.69$)
RESULTS (CON’T)

- **Significant differences between hospitals on:**
  - Bullying: \(F(4, 155) = 2.7, \ p=.039\)
  - Prevention: \(F(4, 155) = 2.9, \ p.026\)

- **Significant differences between units on:**
  - Prevention: \(F(5, 143) = 3.4, \ p=.006\)

- **Bonferroni analyses:** no significant differences between specific hospitals or units.
**RESULTS (CON’T)**

- The Prevention Scale significantly correlated with bullying scale ($r = .58$, $p \leq .001$)

- No other variables were found to be associated with either the bullying or prevention scores
DISCUSSION

- An alarming percentage of nurses were found to have been victims of bullying in their workplace.

- The prevalence of bullying fell between levels in the literature (Johnson and Rhea, 2009; Yildrim & Yildrim, 2007).

- Those who reported being bullied, were not bullied on a daily basis.

- Levels of bullying were low to moderate.
Discussion (Con’t)

- Level of prevention was weak/moderate

- The higher the level of bullying, the lower the level of prevention

- Little difference on prevention measures on an individual, unit or institutional level

- Prevention and level of bullying significantly differed between hospitals and types of units
DISCUSSION (CON’T)

- No demographic or work characteristics were found to be associated with bullying or its prevention.

- Others have found some individual characteristics related to bullying but this finding was not.
**Implications**

- **Policy and administration:** more measures must be taken to prevent bullying.

- **Education:** Nurses must be educated to accept only a zero tolerance to bullying and to report bullying when confronted by it.

- **Research:** What other factors are associated with bullying? Design interventional studies to prevent it.