Addressing the Elephant in the Room: A DNP Study to Explore the Nurse Manager Recognition of and Response to Nurse-to-Nurse Bullying

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Purpose
Nurse-to-nurse bullying is a widespread, grossly underestimated, and widely ignored problem. Nurse Managers are in the prime position to prevent and eliminate the behaviors. However, the problem continues to grow over time. This study sought to uncover the Nurse Manager knowledge level and level of response to bullying behaviors.

Background
Bullying leads to toxic work environments, causes physical and psychological problems, destroys nursing teams, costs billions in healthcare dollars, and contributes to poor healthcare outcomes. Although bullies may be physicians, supervisors, patients, and families, the majority of nurse bullying comes from other nurses at the same peer level. Despite efforts at portraying nursing as a caring profession, nurse-to-nurse bullying runs rampant.

Sample Population
This survey included 380 Nurse Managers and other nursing leaders who held responsibility for the supervision of nurses.

Methodology
This study was conducted using a non-experimental, descriptive, causal comparative, correlational design via a one-shot survey with a convenience sample. Nurse Managers (and other nursing leaders) who are responsible for the supervision of Registered Nurses were sent emails which explained the problem and the research being conducted. The email included an embedded link to the SurveyMonkey® survey. The survey included demographic, identification, and response questions, was completely anonymous, and lasted 4 weeks.

Results
86.2% of Nurse Managers have witnessed nurse-to-nurse bullying and 58.2% have been bullied themselves. Having witnessed or being victimized by bullying were statistically significant factors to the identification of the behaviors. Being a victim of bullying or having 21 years or more of Nurse Manager experience were statistically significant factors for the level of response to bullying behaviors. There was a positive, moderate correlation between the ability to identify bullying and addressing the behavior. Nurse Managers were more apt to address overt bullying (which is rare) than covert bullying (which is rampant).

Conclusions/Implications
Nurse Managers do not address bullying behaviors to the degree that they are identified. This is especially true in regard to covert bullying. Even though nurse to nurse bullying is pervasive, Nurse Managers do not understand what bullying looks like, its negative consequences, or the importance of holding their staff accountable for negative behaviors. The implications of this study are substantial. Decreases in nurse-to-nurse bullying enhance teamwork, and improve nurse satisfaction, recruitment, and retention, all of which result in enhanced patient satisfaction, better healthcare outcomes, and decreased health care costs.

Recommendations
Nurse Managers need education and support to identify and address nurse-to-nurse bullying. The global tolerance for the behaviors must be eliminated at all levels of nursing leadership in order to improve overall healthcare outcomes.