INDICATORS, CONSEQUENCES AND STRATEGIC MANAGEMENT APPROACH OF BULLYING IN THE WORKPLACE

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Abstract: Workplace bullying is defined as persistent mistreatment that occurs in the workplace. It can include behaviors such as verbal criticism, personal attacks, humiliation, belittling, and exclusion. It's important to note that anyone can be a bully or be bullied regardless of the role a person holds in the workplace. According to a survey by the Workplace Bullying Institute, 30% of workers have directly experienced bullying while at work. People who work remotely were more likely to report such bullying, with 43.2% responding that they had been bullied on the job.

Descriptive method of research was utilized in the study. The respondents of the study were seventy-six nurses of Laguna Medical Center. Specifically, the following are the findings: Indicators of bullying in the workplace among nurses in terms of manifestations obtained a composite mean of 4.31 and verbally interpreted as frequently. Indicators of bullying in the workplace among nurses in terms of causes obtained a composite mean of 4.36 and verbally interpreted as frequently. Indicators of bullying in the workplace among nurses in terms of causes obtained a composite mean of 4.36 and verbally interpreted as frequently. Consequences of bullying in the workplace among nurses in terms of personal effects obtained a composite mean of 4.49 and verbally interpreted as frequently. Consequences of bullying in the workplace among nurses in terms of health care organization effects obtained a composite mean of 4.58 and verbally interpreted as frequently. The strategic management with bullying in the workplace among nurses obtained a composite mean of 4.42 and verbally interpreted as frequently. There is significant relationship between the nurses' indicators of lateral violence consequences and management strategies in the operating room.

Keywords: Bullying; Effects of Bullying; Indicators; Protection

INTRODUCTION

Bullying is often a prime component of civil rights violations involving racial, ethnic and religious discrimination. Workplace bullying can endanger employee safety which requires employers to maintain a safe workplace for their workers.

Workplace bullying, a serious issue affecting the nursing profession, is defined as any type of repetitive abuse in which the victim of the bullying behavior suffers verbal abuse, threats, humiliating or intimidating behaviors, or behaviors by the perpetrator that interferes with his or her job performance and is meant to place at risk the health and safety of the victim (American Nurses Association, 2011). Often workplace bullying involves abuse or misuse of power and authority within an organization. Bullying behaviors create feelings of defenselessness in the victim and significantly demoralize his/her right to dignity in the workplace (Waschgler, et al, 2013)

Presently, nurses are bullied for a number of reasons. The basis most often is solely the need for the bully to be in control of all aspects of the work environment. The perpetrator of bullying behavior also may have a personality flaw, such as being shortsighted; stubborn to the extreme of psychopathic tendencies, such as trying to be repulsive charming; have an exaggerated sense of self; and lack the ability to be remorseful or feel guilt over the harm inflicted

upon others. Bullying behaviors also exist because of a white wall of silence that often protects the bully (Moore, 2013).

In some cases, senior managers ingratiate these behaviors and often protect the bully instead of the victims (Moore, 2013). This unrelenting bullying behavior in the workplace will continue unless health care organizations implement zero-tolerance policies and workplace bullying is a serious problem affecting nursing. Abusive workplaces result in lack of job satisfaction, poor retention, and adverse patient outcomes.

The purpose of this discussion is to present the history of this problem in nursing and offer potential solutions thus, legislation is passed making workplace abuse illegal (Moore, 2013).

Undoubtedly, workplace bullying is a serious problem affecting nursing practice. Abusive workplace results in lack of job satisfaction, poor retention, and adverse patient outcomes. The purpose of this study is to present the history of this problem in nursing and offer potential solutions.

LITERATURE REVIEW

In this line of thought, the phenomenon of workplace bullying has a detrimental effect on both individuals and organizations (e.g., managerial costs and turnover escalate and productivity declines) as the number of witness distractions and the emotional/physical health of the victims increase. Such cases become exponentially worse when a potential lawsuit for unjust dismissal or work compensation/disability is added to an already unfavorable situation. Other economic pitfalls, with a significant negative impact on profits, can sometimes be difficult to measure and clearly define. These pitfalls may include a reduction in the quality, negative impacts on the organization's reputation, the escalation of mistakes an absenteeism, and the corrosion of customer relationships due to a lack of attention paid to their objectives and commitments, among others. (Francis, R., 2013).

This assertion becomes even more significant for those organizations mainly composed of employees providing particular assistance in a close and direct way to patients (e.g., healthcare workers).

The stress of workplace bullying can be personally and professionally devastating and include physical illnesses, including hypertension, increased risk of heart disease and stroke, mental health problems, lowered self-esteem, impaired cognitive functioning, depression (41 percent), anxiety, panic disorder, job loss, substance abuse and even suicide. Bullying also has deleterious effects on interpersonal relationships and family functioning. The degree of bullying is inversely related to job satisfaction and overall job rating. (Moore, 2013).

A holistic approach must be utilized when confronting the issue of bullying in the nursing profession. Strategies directed only at individual nurses dealing with conflict have in the past met with little success while strategies aimed at changing organizational climate have been more successful. Acknowledgement of the problem is the first step. Before acknowledgement can occur however, there may be a need for education as to exactly what bullying encompasses.

For example, in areas where bullying is normalized, bullying could be misinterpreted as a conflict, a difference in personality styles, or just someone having a little fun at another person's expense. Facilities should have a written policy in place concerning bullying. Codes of acceptable conduct should be specified and it is advisable to include a zero-tolerance policy. It is vital that nurse managers lead by example and not be part of the problem. When studying bullying of staff nurses Johnston et al (2010) found that nurse managers were often guilty of engaging in or condoning bullying activities. Nurse Managers should examine their behavior to determine if they are exhibiting bullying behaviors and always strive to model acceptable professional behavior.

Proactive education of new managers of the types of leadership styles that discourage bullying can also be implemented. Nurse Managers should look for signs that could indicate that bullying is occurring and confront the problem. Anxiety and depression among staff nurses, as well as verbalization of a desire to leave the profession could indicate that bullying is occurring. All allegations of bullying should be considered a serious and urgent issue and should be investigated thoroughly and in a timely manner. Substantiated cases mist be processed according to the facilities policy and victims and perpetrators should be offered counseling. (Johnson et al., 2010)

Staff should be educated on ways to recognize and deal with bullying. Education should include specific behaviors that constitute bullying. Staff should understand that no one deserve to be bullied, and that bullying is about to control of the individual and is not caused by the victim. All bullying, whether experienced or witnessed, should be reported to the appropriate person. It is a good idea to keep a detailed diary chronicling each bullying incident, with date, time, and place the event occurred, as well as who present. Copies of bullying notes, emails, text messages, and other documents are important to keep. (Francis, R., et al, 2013).

All nurses should be reminded of Provision 1.5 of the American Nurses Association Code of Ethics for Nurses with Interpretive Statement. It states: "The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict." This is a clear guideline of how nurses are expected to act in professional work relations. Engaging in bullying behavior violates this guideline. Though bullying has been an issue of concern for decades in the nursing profession it is a behavior that needs to be changed.

Many nurses report being bullied at work and as a result are suffering the consequences which can include physical, psychological and financial problems. Bullying can best be dealt with by taking a holistic approach. Creation of a healthy organizational climate can occur by acknowledging that bullying does exist in the nursing profession, educating staff about bullying, having written anti-bullying policies with zero tolerance, conducting regular work area assessments to look for signs of bullying, and reporting of all bullying.

MATERIALS AND METHODS

Descriptive method of research was utilized in the study. Descriptive research tends to observe, describe, and document aspects of a situation as it naturally occurs. The descriptive research methods seek what is rather than predicts relations to be found. It is concerned with describing the characteristics of the population and it tries to find out the association of certain characteristics in the population (Polit & Beck, 2013). It was used to identify problems with the current practice, make judgments, or justify current practice.

The instruments used are a researcher-made five-point Likert type survey questionnaire which was based on a number of relevant literature and studies. It consists of three parts. Part one deals with the indicators of bullying in the workplace; part II deals with the consequences of bullying in the workplace; and Part three deals with the strategic management approach used in bullying in the workplace among nurses.

RESULTS AND DISCUSSION

The findings revealed the following:

Specific Problem No. 1 Clinical nurses' assessment of the indicators of bullying in the workplace.

The indicators of bullying among nurses in terms of manifestation with a composite mean score of **4.31** and verbally interpreted as frequently.

Professional indicators got a weighted mean of 4.30 with verbal interpretation as frequently. With the lowest weighted mean score of 4.00 and verbally interpreted as frequently (No matter how many times a nurse asks for help, and the senior leader tells the nurse action will be taken, the bully continues to interfere with the nurse's job performance), nurses respondents admit that they chose to keep silent and not to report to their superiors because they have the mentality that their sufferings will not be heard by their superiors and that they will not believe them.

Personal indicators got the overall weighted mean of 4.32 with verbal interpretation as frequently. With the highest weighted mean score of 4.58 and verbally interpreted as very frequently (Shouting and intimidation), respondents said that most of the time, treatments from their co-workers were very intimidating, most of the time victims of bullying tend to feel intimidated and often experience job dissatisfaction as well as physiological and psychological effects and low self-esteem among nurses. Workplace bullying often takes the form of "incivility and humiliations", which can lead to shame responses from victims.

Table 3 presents the indicators of bullying among nurses in terms of causes with a composite mean score of **4.36** and verbally interpreted as frequently. Statistics paint a bleak picture regarding the exposure of healthcare employees to hostility, mostly because bullying at work in the context of healthcare services includes interactions among such varied groups as co-workers, supervisors, patients, families, visitors, and others. With the highest weighted mean score of **4.69** with verbal interpretation as very frequently, (Bullying of new graduate nurses by more experienced older nurses to be the most cause of bullying). New graduates' nurses are particularly susceptible to bullying by senior nurses. New employees or new transfers into a department are also considered targets for bullies. Whether this is due to a feeling of superiority on the part of the bully over those who are new the unit is unknown. With the lowest weighted mean score of **4.10** (Nurses frequently find it difficult to complain about the effects of bullying because of fear, respondents viewed that nurse usually keep quiet because they fear retaliation, they don't believe the bully will be punished or that anything will change, or their supervisors are friendly with the perpetrator or are complicit themselves. They might not stand up for themselves because the behaviors are so entrenched in the industry that many nurses assume.

Table 4 exhibits the consequences of bullying in the workplace among nurses in terms of personal effects with a composite mean score **4.49** and verbally interpreted as frequently. The consequences related to being bullied are numerous and can cause physical, psychological and financial problems. Most of the time they showed depression, anxiety and panic disorder obtained the highest weighted mean of 4.80 and verbally interpreted as very frequently. Nurse respondents were aware that anxiety and depression among staff nurses, as well as verbalization of a desire to leave the profession could indicate that bullying is occurring. All allegations of bullying should be considered a serious and urgent issue and should be investigated thoroughly and in a timely manner. Substantiated cases must be processed according to the facilities policy and victims and perpetrators should be offered counseling. On the other hand, Inability to sleep and eat properly resulting to mental health problems, obtained the lowest weighted mean score of 4.10. According to respondents, these symptoms can affect the bullying nurse not only professionally, but personally as well. The nurse may be missing work due to the physical and/or psychological symptoms. However, on the positive side, though these nurses were affected at some areas, but not mentally.

Table 5 represents the consequences of bullying in the workplace among operating room nurses in terms of health care organization effects with a composite mean of **4.58** with verbal interpretation of very frequently. The conceptualization of any organization as a whole entity is essential to understand the phenomenon of bullying. With the highest weighted mean score of 4.87 and verbally interpreted as very frequently (Hostility significantly decreases morale as well as job satisfaction), as verbalized by the respondents, the level of labor stability might influence the degree of vulnerability to bullying, not only because unstable and temporary jobs are frequently held by lower-status professional employments but also because insecurity reduces the perceived power of employee's vis- à-vis their superiors.

Table 6 presents the strategic management with bullying in the workplace among nurses with a composite mean score of **4.42** and verbally interpreted as frequently. According to respondents, bullying doesn't have to be about physical violence or even blatant name calling. It is usually subtle and harder to pin down. One of the most common bullying tactics is refusing to talk to someone and giving them the silent treatment. A nurse can also refuse to pass along information which can result in a patient safety issue at the extreme.

On the other hand, with the highest weighted mean score of 4.69 with verbal interpretation as very frequently (When exposed to bullying, I tell myself that it is not my fault). As per the respondents, when they felt that they were being bullied, they tell themselves that this is not their fault, Staff should understand that no one deserves to be bullied, and that bullying is about control of the individual and is not caused by the victim. With the lowest weighted mean score of 4.11 with verbal interpretation a nurse first must recognize when bullying exists. Frequently, an individual is told that he or she is not being bullied. However, the victim is aware of being targeted and knows the bully is planning systematically to continue the harassment and interfere with the victim's work. Respondents believed that acknowledgement of the problem are the first step. Before acknowledgement can occur however, there may be a need for education as to exactly what bullying encompasses. For example, in areas where bullying is normalized, bullying could be misinterpreted as a conflict, a difference in personality styles, or just someone having a little fun at another person's expense. Facilities should have a written policy in place concerning bullying.

Codes of acceptable conduct should be specified and it is advisable to include a zero-tolerance policy. It is vital that nurse managers lead by example and not be part of the problem. When studying bullying of staff nurses. Stagg, et al (2013) Anxiety and depression among staff nurses, as well as verbalization of a desire to leave the profession could indicate that bullying is occurring. All allegations of bullying should be considered a serious and urgent issue and should be investigated thoroughly and in a timely manner. Substantiated cases must be processed according to the facilities policy and victims and perpetrators should be offered counseling.

Proactive education of new managers of the types of leadership styles that discourage bullying can also be implemented. Nurse Managers should look for signs that could indicate that bullying is occurring and confront the problem. Anxiety and depression among stuff nurses, as well as verbalization of a desire to leave the profession could indicate that bullying is occurring. All allegations of bullying should be considered a serious and urgent issue and should be investigated thoroughly and in a timely manner. Substantiated cases must be processed according to the facilities policy and victims and perpetrators should be offered counseling. (Stagg, et al (2013)

Staff should be educated on ways to recognize and deal with bullying. Education should include specific behaviors that constitute bullying. All bullying, whether experienced or witnessed, should be reported to the appropriate person. It is a good idea to keep a detailed diary chronicling each bullying incident, with date, time, and place the event occurred, as well as who was present. Copies of bullying notes, emails, text messages, and other documents are important to keep (Stagg, et al (2013).

Based on the Pearson's r of 0.069, there was low correlation between the respondent indicators of bullying, consequences and management strategies. A low correlation signifies that bullying effects and consequences does not help. Furthermore, the computed t – value of 1.677, the hypothesis was accepted and concludes that there no signifies relationship between the nurses' indicators of bullying, consequences and management strategies in the workplace.

Based on the findings of the study, the Researcher as a clinical nurse hereby offers a course of action to improve protection for nurses:

This Proposed Course of Action is very highly offered to the Administration of Laguna Medical Center in Sta. Cruz for its perusal and implementation to enhance the management of people in the workplace.

ACTION PLAN FOR IMPROVING PROTECTION FOR NURSES

1. Use a harmonious approach and work collaboratively to prevent any form of intimidation of bullying.
2. Provide orientation especially to trainee and newly graduates about the current policy on lateral violence and bullying.
3. Conduct regular work area assessments to look for signs of bullying, and reporting of all bullying.
4. Consider confronting the causes of bullying as well as the actual acts.
5. Promote a culture of safety that encouragement open and respectful communication among all healthcare providers and staff.
6. Provide education and counseling to victims and the perpetrators of lateral violence and bullying.

CONCLUSION

From the findings of the study the researchers arrive at the following conclusions:

1. Workplace bullying has become a serious and growing problem that affects a significant proportion of healthcare professionals. As a result of its negative consequences on the mental health and well-being of employee, and hence on the performance of the organization, the importance of understanding the factors that contribute to the emergence and development of bullying is vital. In this regard, the present study aims to contribute to the development and implementation of measures to prevent bullying in the health sector.
2. The multidimensional model created in the present research is intended to identify healthcare workers who are prone to being bullied at work as individuals; the study findings have valuable and patient implications for institutions that aim to thrive and to enhance organizational performance. This work provides

reasonable evidence that could be of significant benefit in the implementation of human resource policies: responsible managers could reduce the organization-wide levels of workplace bullying by adjusting certain working conditions that negatively affect employees who are especially susceptible to being bullied, given their personal characteristics.

RECOMMENDATIONS

Based on the conclusions drawn, the researcher offers the following:

1. Allegations of bullying should always be investigated and the organization itself should take responsibility.
2. Carry on being yourself and carry on feeling good about yourself. Don't believe the rubbish they say and don't let them stop you being you.
3. To assist in making this a reality, policies must be in place to deal with investigations into bullying and "zero tolerance" of such behavior when it has been proven to exist. Anyone making a complaint should feel confident their concerns will be escalated as necessary and that solutions will be found. This means identifying and confronting the culprits of bullying and, after a fair hearing, disciplining them, or even dismissing them if this is warranted. Victims and perpetrators should both be offered counselling.
4. The workplace should be aware of malicious gossip and unkind remarks that are dressed up as jokes or banter among employees.
5. Keeping a diary of all the bullying events and keeping evidence such as emails and work instructions to back up your claims.
6. In case of bullying, think about the reaction. If it escalates make sure the manager has a witness for any future action he must take. Most of all the administration should put the person on immediate notice that he should not treat others this way and will not under any circumstances; the workplace does not accept such behavior.

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