Negative workplace behaviour: nurses' power games, blame culture and incivility- why nurses don't care for each other

Dr Vanessa Heaslip, PhD, MA, BSc (Hons), Dip He, RN, DN. Principal Academic Department of Nursing and Clinical Science Bournemouth University, UK and Associate Professor, Department of Social Science, University of Stavanger, Norway. Bournemouth University Christchurch Road, Bournemouth, BH1 3LH. Email vheaslip@bournemouth.ac.uk

Claire Nadaf MSc, BSc (Hons), RN, RNT. Senior Lecturer, Department of Nursing and Clinical Science Bournemouth University, Christchurch Road, Bournemouth, BH1 3LH. Email: cnadaf@bournemouth.ac.uk

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Commentary

Implications for practice and research

There is a need for:

- Uniform terminology of negative workplace behaviours.
- Strategies to support new registrants' resilience as part of transition programmes
- Training for nurse leaders on developing positive workplace cultures
- Healthcare organisations to recognise and take action on negative workplace behaviour.
- Further research exploring the impact of negative workforce behaviour on patient care.

Context

There is increasing recognition of intra-professional bullying and harassment within the nursing workforce contributing to poorer mental health, increased sickness and absence[1] and poor retention. In particular, there is growing attention on recently registered nurses who have been identified as a group at high risk of experiencing bullying and harassment. This review by Hawkins and colleagues[2] synthesises evidence of negative workplace behaviour experienced by new graduate nurses (registered less than 2 years) working in acute care settings, a setting often the first choice of employment for new graduate nurses.

Methods

This review followed modified principles of integrative review identified by Whittemore and Knalf[3] chosen to enable a comprehensive understanding of a particular phenomenon though inclusion of both experimental and non-experimental research. Five databases were searched (CINAHL, Medline, Scopus, Joanna Briggs Institute and ProQuest), alongside alternative associated search strategies. Initially 250 papers were identified, and filtered against a clear inclusion criteria which included original research, new graduate registered nurses (with less than two years'

experience), in acute care/hospital settings, published in English between 2007-2017. 17 papers were identified for inclusion in the review. Quality of the research was assessed using the Mixed Methods Appraisal tool[4] which enables the systematic assessment and comparison of quality across a range of methodological approaches. One paper was rejected on the basis of poor quality resulting in 16 papers being included.

Findings

The review identified papers from eight different countries. Multiple qualitative and quantitative methodologies were apparent. Numerous terms were used to describe negative workplace behaviour; however key similarities included repeated, reoccurring, humiliating, disrespectful behaviour which was intimidating and harmful. The incidence depended upon frequency from 57.1% participants experiencing sporadic exposure, to up to 12% experiencing this daily. A variety of precipitating factors were identified, including graduates perceived lack of capability, power and hierarchical factors, leadership style and influence of the manager. Negative workplace behaviour categorised into personal and professional attack, led to mental health issues, poor job satisfaction, burnout, intention to leave the profession and negatively impacting patient care. Despite this, there was no evidence of any organisational support.

Commentary

This review addresses a very topical area. It identifies that negative workplace behaviour is associated with increased burnout and intention to leave the profession. In light of international shortages of nurses, by 2030 it is estimated that there will be a shortage of over 3.2 million nurses[5], likely to have significant impact upon patient care. In addition to nursing shortages, within the UK there are growing concerns regarding an increase in nurse suicide; between the years of 2011 and 2017 there were 305 reported suicides of nurses in England and Wales[6]. Negative workplace behaviour impacts upon both of these and it is imperative that we, as a profession, address organisational and professional issues leading to negative workplace behaviour, to explore why individual registrants compelled to care for others can treat their junior colleagues in such negative ways at such a critical time in their career.

Compassion fatigue is not a new concept; it occurs as nurses' work with vulnerable people living through difficult circumstances which can be physically or psychologically distressing. This coupled with staff skill mix challenges as a result of decreasing numbers of registrants, can lead to frustration and low morale. This frustration is then unleashed on colleagues in the form of negative workplace behaviour, further perpetuating the difficulties. In Maori communities the term 'whānau' means family, and we argue that the wider nursing community is a nursing whānau. Conceptualising ourselves as such implies a responsibility to look after each other, to treat each other with compassion, kindness and respect. Doing this could reduce experiences of negative workplace behaviour as well as providing greater support which could hopefully also reduce the numbers of nurses choosing to take their own lives.

References

1. Paice E, Aitken M, Houghton A, Firth-Cozens J. Bullying among doctors in training: cross sectional questionnaire survey. BMJ.2004;329(7467):658-659
2. Hawkins N, Jeong S, Smith T. New graduate registered nurses' exposure to negative workplace behaviour in the acute care setting: An integrative review. *International Journal of Nursing Studies* 93(2019) 41-54.
3. Whittemore R, Knafl K., 2005. The integrative review: updated methodology. Journal of Advanced Nursing 52(5), 546-553
4. Pluye P, Robert E, Cargo M, Bartlett G, O'Cathain A, Griffiths F, Boardman F, Gagnon MP, & Rousseau MC. 2011. Proposal: A mixed methods appraisal tool for systematic mixed studies reviews. Retrieved May 2019 from http://mixedmethodsappraisaltoolpublic.pbworks.com.
5. World Health Organisation 2016. Global strategy on human resources for health: Workforce 2030Geneva: World Health Organisation
6. Office for National Statistics 2018. Suicide deaths among nurses aged 20 to 64 years, deaths registered in England and Wales between 2011 and 2017. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/009209suicidedeathsamongnursesaged20to64yearsdeathsregisteredinenglandandwalesbetween2011and2017 [accessed 11.5.2019].

Competing interests: Nil