



# **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; Yildirim & Yildirim, 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.

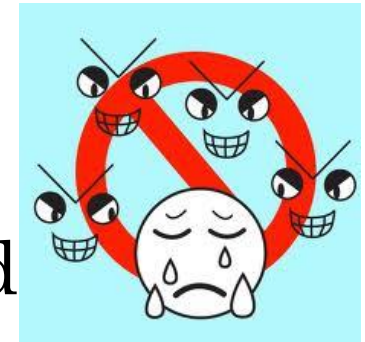
## ○ Psychological

- 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:

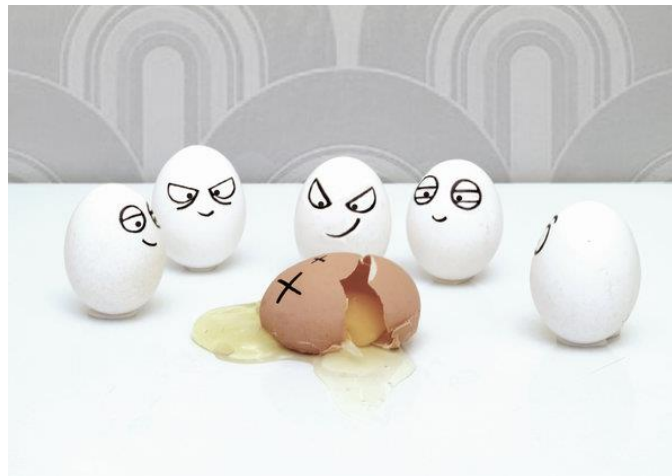
- Female (n=102, 69%), married (n=112, 77%) and Jewish (n=96, 67%)
- Mean age: 41.3 ( $SD=9.9$ ) , 11.5 ( $SD=9.0$ ) years' experience
- Staff nurses (n=111, 76%), BA (n=87, 60%)



# 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; Yildirim & Yildirim, 2007)
- Those who reported being bullied, were not bullied on a daily basis
- Levels of bullying were low to moderate





## DISCUSSION (CON'T)

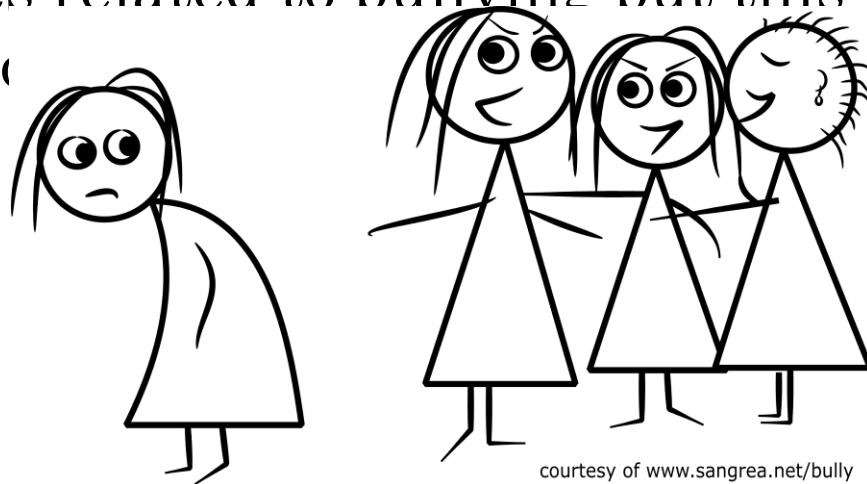
- Level of prevention was weak/moderate
- The higher the level of bullying, the lower the level of prevention
- Little difference on prevention measures on an individual, unit or institutional level
- Prevention and level of bullying significantly differed between hospitals and types of units





## 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



courtesy of [www.sangrea.net/bully](http://www.sangrea.net/bully)



# 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.



