Incivility and Bullying Fact Sheet

Incivility and bullying in the health care environment result in the inability to retain human capital and also impair patient/family/population health outcomes. Affected health care providers may experience high levels of stress and anxiety and leave the workforce prematurely, model the behaviors themselves to colleagues and customers, and close down communication that affects care. Bullying is prevalent and creates a toxic work environment and serious consequences for health care. Bullying creates feelings of defenselessness in its victim and significantly demoralizes their right to dignity in the workplace (Longo & Sherman, 2007).

Some statistics related to bullying in nursing:

- Bullying decreases job satisfaction and morale and increases absenteeism (Chipps & McRury, 2012)
- Almost 21% of nursing turnover can be related to bullying (Johnson & Rea, 2009)
- 60% of new RNs who quit their first job in nursing within 6 months report that it is because of being bullied
- Replacing one nurse can cost up to \$88,000 USD (Jones, CB, 2012)
- According to a study by the US Bureau of National Affairs, there is a loss of productivity of \$5-6 billion/year in the US due to bullying in the workplace
- In a study on workplace bullying, most of the respondents reported being bullied by the charge nurse, manager, or director (Johnson & Rea 2009)
- One in six nurses (13%) reported being bullied in the past six months (Sa & Fleming 2008)
- Bullying of nurses leads to erosion of professional competence as well as increased sickness, absence, and employee attrition (Hutchinson et al., 2010; Johnson, 2009)
- Bullying victims may suffer stress-related health problems, such as nausea, headache, insomnia, anxiety, depression, weight changes, and alcohol and drug abuse (Townsend, 2012)
- Nurses who survive bullying early in their careers tend to carry their learned behaviors with them.
 They accept the bully culture as part of the job and eventually may choose to bully other nurses (Townsend, 2012)
- The Joint Commission (2008) acknowledges that unresolved conflict and disruptive behavior can adversely affect safety and quality of care

Assessing the work environment for the presence of incivility and bullying is a leadership imperative. Ignoring a culture in which this exists will continue to drain our financial resources and ultimately harm our patients.



References

- Chipps, E., & McRury, M. (2012). The development of an educational intervention to address workplace bullying: A pilot study. JNSD, 28(3), 94-98.
- Hutchinson, M. et al. (2010). A typology of bullying behaviors: The experiences of Australian nurses. *Journal of Clinical Nursing*, 19, 2319-2328.
- Johnson, S., & Rea, R. (2009). Workplace bullying: Concerns for nursing leaders. *JONA*, 39(2), 84-90.
- Jones, C., & Gates, M. (2007). The cost and benefits of nurse turnover: A business case for nursing retention. *OJIN*, *12*(3), 1-7.
- Longo, J., & Sherman, R.O. (2007). Leveling horizontal violence. *Nursing Management*, *38*(3), 34-37, 50, 51.
- Sa L., & Fleming, M. (2008). Bullying, burnout, and mental health amongst Portuguese nurses. *Issues in Mental Health Nursing*, *29*, 411-426.
- The Joint Commission Sentinel Event Alert. (2008). Behaviors that undermine a culture of safety; Issue 40 Retrieved from http://www.jointcommission.org/assets/1/18/SEA_40.pdf Townsend, T. (2012). Break the bullying cycle. *American Nurse Today, 7*(1), 12-15

