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Research Article

Impact of Bullying on RN Engagement in Hospitals

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1. Abstract

Objective: This study examines the effects of bullying on Work Engagement (WE) in hospital-based registered nurses (RNs).

Background: Empirical literature suggests that workplace bullying limits optimal levels of employee engagement. Little is known of the extent to which bullied RNs are engaged.

Methods: A descriptive correlational survey of 500 nurses across US hospitals was conducted to examine the proposed theoretical model using the Workplace Bullying Inventory and Utrecht Work Engagement Scale.

Results: Nationally, 30.5% of nurses reported that they were bullied over the prior 12 months. Attacks on work roles and tasks, bullying acts, were found to have the largest effect on WE ($r = -.285$, $p = .000$) in bivariate analysis.

Conclusions: Bullying acts were associated with low levels of WE. This study provides leaders with evidence to facilitate positive factors that minimize the effects of bullying and drive employee engagement.

Keywords: Bullying, Engagement, Hospitals, Nurses, Work environments.

2. Introduction

An engaged nursing workforce is vital to patient-centered care, employee, and organizational outcomes in hospitals [1,2,3]. Research has indicated that engaged employees are an asset to healthcare systems as evidenced by positive outcomes such as job satisfaction, retention, productivity, quality patient-centered care, and fiscal returns [3,4,5,6]. Work Engagement (WE) refers to a positive mental state of well-being defined as vigor, dedication and absorption in one's work [7]. In one study of 10,000 employees from 16 hospitals, only 29% of employees were highly engaged, 39% were moderately engaged, and 1 out of 3 employees reported low levels of engagement at work [8]. However, studies have found that many employees, including nurses in healthcare, are not highly engaged at work [9,10,11]. Low levels of engagement have also been reported as significantly associated with negative organizational, employee, and patient outcomes [10,4].

Thus, the nature and quality of care provided to hospitalized patients may greatly depend on RN engagement levels. The aim of this study was to examine the effects of bullying acts on nurse's WE level in hospitals. Although engagement has been well-studied in other occupations [9], it has been minimally examined in nursing. In the few nursing studies that have explored WE, it ranged from low to moderate [1,3,10,11]. Importantly, the American Nurses Credentialing Center (ANCC) (2014) recognizes an engaged nursing workforce as essential to high-quality patient care, organizational structure, and transformational leadership. Since RNs comprise the largest workforce in the US healthcare system, it is critical that hospital leaders support and retain an engaged nursing workforce [12]. Thus, quality patient care, employee retention, and value-driven health care results may largely depend on the degree of RN engagement. The purpose of this study was to explore the complex relationship of bullying acts on WE among hospital nurses:

- Is there a significant relationship between bullying and work engagement?
- Does bullying have a negative effect on RN engagement?

Empirical evidence indicates that bullying can negatively affect nurse's psycho-social and physical well-being, job satisfaction, retention, and delivery of safe patient-centered care (5,13,14,15]. In this study, bullying is a set of repeated intentional negative acts of hostile behaviors towards an individual experienced as being humiliated, harassed, ostracized, sabotaged, and ganged-up on [16]. Due to ongoing bullying attacks, a hostile work environment is a reality for the targeted nurse. According to the American Nurses Association, bullying may pose negative nurse and patient outcomes in clinical settings [17]. Research suggests that nurses who experience bullying are likely to be less engaged at work due to negative employee outcomes, such as burnout the opposite of engagement [18,19,20].

Furthermore, the Advisory Board (2007) supports the premise that an engaged nursing workforce is essential to quality patient care, employee satisfaction, and optimum business returns. Mounting evidence suggests that workplace bullying may serve as a barrier to employee engagement, and patient safety outcomes [20,21,15,13]. Recent studies demonstrate that nurse bullying ranges from 27% to 80% [22,14,19].

3. Theoretical Framework

3.1 Explanatory Model of Workplace Bullying

Hutchinson's and colleagues model of bullying describes negative employee consequences e.g. distress and avoidance at work, deleterious health effects, and interference with one's work and career [23]. Bullying refers to repeated occurrences of negative acts of hostile behaviors towards an individual such as humiliation, harassment, sabotage, and ganging-up against [16,24,23]. Bullying acts refer to 3 categories of negative behaviors. Personal attacks- describe feeling ignored, insulted, blamed, and put down. Erosion of professional competence and reputation- describes public humiliation, downgrading of skills and abilities, and tactics to sabotage one's career. Attack through work roles and tasks- describes unfair work assignments, undermining, withholding of information, and denial of due process [23]. Interestingly, research is sparse that explores the link between bullying acts and WE in hospital RNs. Understanding how bullying in hospital settings influence nurse engagement is important in leading efforts to ensure quality patient-centered care and optimal work environments.

3.2 Work Engagement Theory

Schaufeli and Bakker's (2010) engagement theory describes an employee's positive and fulfilling state of mind characterized by 3 dimensions. Vigor refers to a high level of energy and mental resilience and one's willingness to invest in one's work. Dedication refers to being strongly involved in one's work, feeling a sense of significance, enthusiasm, and persistence during challenging times. Absorption refers to being fully focused and engrossed in one's work whereby time passes quickly and it is difficult to detach from work [7]. Thus, engaged employees have a sense of energetic and effective connection with their work and can handle job demands. Kahn's (1990) seminal work postulates important antecedents or drivers as strong facilitators of employee engagement. The Psychological Conditions of Personal Engagement model conceptualize 3 drivers of engagement: psychological meaningfulness- the sense of return on the investment of oneself in one's work, psychological safety- the feeling of being able to reveal an authentic self without fear of negative outcomes, and psychological availability- one's sense of having the resources needed to engage in work activities. Fountain and Thomas-Hawkins (2016) study found that all 3 drivers were significant predictors of nurse engagement in a Magnet® hospital. These findings were congruent with other studies [25,26]. This validates the need for theory-driven empirical research of modifiable psychological factors that influence RN engagement in hospitals.

4. Methods

4.1 Sample and Design

A descriptive cross-sectional design was used to survey nurses from hospitals within all 50 states of the US [27]. With institutional review board approval, a list of mailing addresses of 500 randomly selected hospital-based RNs across all nursing positions was purchased from a national healthcare publisher. Dillman's (2009) modified mail survey method was used to distribute the questionnaires and facilitate the return rate. Survey packets included a consent letter, reminder postcard, and recruitment incentive to receive a gift card at the end of the 7-week repeated mailing procedure. Two hundred and twenty-seven surveys were returned with an overall response rate of 45%. All test assumptions related to parametric testing were examined prior to statistical analysis and revealed no significant problems, including checks of normality, effects of outlier scores, linearity, and homoscedasticity [28,9,29]. Due to missing data 12 cases, in addition to 5 outlier cases were removed from the original sample, leaving a final analytic study sample of 210 RN participants.

4.2 Instruments

The Utrecht Work Engagement Scale (UWES- 9), is a 9-item scale on a 7-point Likert scale [7]. This scale contains 3 dimensions of WE- vigor (3-items), dedication (3-items), absorption (3-items). Scores on each scale item range from 0 (Never) to 6 (Always), reflecting higher levels of engagement. The total scale scores range from 0 to 54. Cronbach's α for the aggregated scale was more than adequate and congruent with previous studies.

The Workplace Bullying Inventory (WBI) was used to measure bullying [24]. This scale contains 16-items on a 5-point Likert scale ranging from 1 (Never) to 5 (Daily). In this study, the WBI total scale Cronbach's α was .94 and congruent with other bullying studies [24,30,31]. The psychometric properties of the study instrument were assessed and indicated appropriate levels of internal consistency, including the WE (Cronbach's α = .89) and bullying (Cronbach's α = .94) instruments [32,33].

4.3 Data Analysis

SPSS version 24 (Armonk, NY) was used for all statistical analysis.

Data analysis was conducted in three phases. First, all study variables were presented using descriptive statistics. Next, bivariate testing was conducted to determine which predictor variables (bullying acts) were related to WE, the dependent variable, at a statistically significant level ($p < .05$). Predictor variables related to the dependent variable at a statistically significant level were included in the final phase of the data analysis plan. The multivariate analysis involved using multiple regression models to examine which predictor variables were related to WE within the context of the full model.

5. Results

Descriptive statistics are shown Table 1. The WBI total mean score for bullying (M = 24.57, SD = 10.57) indicated on average that participants perceived low levels of bullying at work. Trichotomous cut-off points for the WBI scoring of bullying no exposure n = 146 and 69.5% which indicated less bullying. Similarly, WBI bullying scores for moderate exposure n = 44 and 21% indicated a modest amount of perceived bullying. WBI bullying scores for substantial exposure n = 20 and 9.5% indicated the highest level of RN bullying. Together, 30.5% of nurses reported that they were bullied at work in hospital settings. The total scores UWES-9 for nurse engagement ranged from 13 to 54. Nurses total WE mean score was average (M = 38.8, SD = 8.49).

Table 1
Descriptive Analysis of Study Variables (n = 210)

Variable	n	%
Age	M = 51.89 (SD = 11.44), MIN/MAX = 23-80	
Work Engagement	M = 38.84 (SD = 8.49), MIN/MAX = 13-54	
Gender		
Female	204	97.1
Male	6	2.9
Race		
White	173	82.4
African American	12	5.7
Hispanic/Latino	8	3.8
Asian	6	2.9
Filipino	5	2.4
Other	6	2.9
Highest RN degree		
Diploma	24	11.4
Associate	66	31.4
Baccalaureate	81	38.6
Master's	37	17.6
Doctorate	2	1.0
Primary Work Role		
Staff	130	61.9
Management/Supervisor	44	21.0
Other	36	17.1
Does Your Hospital Have a Bullying Policy in Place?		
No	29	13.9
Yes	110	52.9
Don't Know	69	33.2
Work Setting: Medical/Surgical		
Yes	56	26.7

No	154	73.3
How many hours per week do you work?		
Less than 40	106	50.5
41-60	104	49.5
Bullying Acts Cut-Off Scores (M = 24.57, SD =10.57)		
No Exposure (0 – 25)	146	69.5
Moderate Exposure (26 – 51)	44	21.0
Substantial Exposure (>38)	20	9.5

Note. Bullying Acts Cut-Off Scores, No Exposure, Moderate Exposure, and Substantial Exposure parameters were measured with the Workplace Bullying Inventory (WBI) (M. Hutchinson personal communication, November 17, 2014).

Pearson's correlation coefficient analysis indicated that WE was significantly related to study participant age, r(208) = .14, p <.05. Table 2 presents One-Way ANOVA and independent-samples t-test analysis examining mean WE scores by categorical study variables. Bivariate analysis indicated the bullying acts evidenced a statistically significant relationship with WE, F(2, 207) = 4.33, p <.01. Bonferroni Post Hoc test indicated that the mean bullying score for the No exposure group (n = 146; M = 39.89, SD = 7.80) was significantly higher than the Substantial exposure group (M = 20; SD = 34.80, SD = 9.59), while the Moderate exposure group (n = 44; M = 37.20, SD = 9.53) did not differ significantly. Analysis indicated that Work role was significantly associated with WE, F(2, 207) = 6.32, p <.01. A Bonferroni Post Hoc test indicated that the mean score for the Management/Supervisor group (n = 44; M = 42.45, SD = 7.16) was significantly higher than the Staff group (n = 130; M = 37.40, SD = 8.82), while the other group did not differ significantly. Also, WE was also related to Highest degree in nursing, F(3, 206) = 2.82, p <.05. Bonferroni Post Hoc test indicated that none of the mean scores differed at a significant level. Additionally, WE was related to How many hours per week do you work? where those that worked 41-60 hours per week (n = 104; M = 40.81, SD = 7.70) evidenced significantly higher WE scores relative to those that worked less than 40. Nurses working in a medical/surgical setting had a significantly lower WE score (n = 56, M = 36.80, SD = 8.42) relative to those that did not. The analysis also indicated that WE was not significantly related to race, gender, or Does your hospital have a bullying policy in place?, respectively.

Table 2

One-Way ANOVA and Independent-Samples T-Test Analysis Examining Mean Scores of Work Engagement by Categorical Study Variables (n = 210)

Variable	n	Mean (SD)	t/F(df)	p
Bullying Acts			4.33 (2, 207)	.01[1]
No Exposure	146	39.89 (7.80)		
Moderate Exposure	44	37.20 (9.53)		
Substantial Exposure	20	34.80 (9.59)		
Race			1.03 (5, 204)	.40
Asian	6	41.50 (7.26)		
Black/African-American	12	40.83 (8.57)		
Filipino	5	32.80 (6.38)		
Hispanic or Latino	8	37.25 (6.41)		
White	173	38.98 (8.57)		
Other	6	35.33 (10.44)		
Gender			1.27 (208)	.20
Female	204	38.97 (8.48)		
Male	6	34.50 (8.29)		
Work Role			6.32 (2, 207)	.002[2]

Staff	130	37.40 (8.82)		
Management/Supervisor	44	42.45 (7.16)		
Other	36	39.64 (7.45)		
Highest Degree in Nursing		2.82 (3, 206)		.043
RN Diploma	24	41.00 (9.67)		
Associate's Degree	66	38.02 (8.50)		
Baccalaureate Degree	81	37.54 (8.14)		
Master's/Doctorate Degree	39	41.62 (7.83)		
Does Your Hospital Have a Bullying Policy in Place?		1.62 (2, 205)		.20
No	29	37.97 (7.29)		
Yes	110	39.87 (8.64)		
Don't Know	69	37.68 (1.05)		
Work Setting: Medical/Surgical				
Yes	56	36.80 (8.42)	-2.12 (208)	.04
No	154	39.58 (8.42)		
How many hours per week do you work?		-3.40 (208)		.001
Less than 40	106	36.92 (8.82)		
41-60	104	40.81 (7.70)		

Note. [1]Bonferroni Post Hoc test indicated that the mean score for the No Exposure group was significantly higher than the Substantial Exposure group. [2] Bonferroni Post Hoc test indicated that the mean score for the Management/Supervisor group was significantly higher than the Staff group. [3]Bonferroni Post Hoc test indicated that none of the mean scores differed at a significant level, so this variable was not included as a covariate variable in the final regression model.

Table 3 presents a multiple linear regression analysis. Data indicated that the overall model was statistically significant, $F(209) = 5.89$, $p < .001$, and explained 17% of the variance in the dependent variable ($R^2 = .17$, Adjusted $R^2 = .14$). In the full model, WE was significantly associated with higher levels of nurse's age, $B = .10$, $SE = .05$, $\beta = .14$, $p < .05$, and number of hours worked per week, $B = 3.41$, $SE = 1.18$, ($\beta = .20$, $p < .01$). Also, in reference to nurses with a primary role as staff, those in the supervisor role evidenced significantly higher WE scores, $B = 3.66$, $SE = 1.47$, ($\beta = .18$, $p < .01$), while the other category was unrelated. Lastly, in reference to nurses in the no bullying exposure group, those with moderate bullying exposure evidenced significantly lower WE scores, $B = -3.15$, $SE = 1.37$, ($\beta = -.15$, $p < .05$), as did those with substantial bullying exposure, $B = 6.40$, $SE = 1.92$, ($\beta = -.22$, $p < .001$).

Table 3
Multiple Linear Regression Analysis Examining Work Engagement (n = 210)

Variable	B (SE)	β	p
Age	.10 (.05)	.14	.04
How many hours per week do you work?	3.41 (1.18)	.20	.004
Work Setting: Medical/Surgical	-2.04 (1.25)	.11	.10
Primary Role			
Staff (Reference group)			
Supervisor	3.66 (1.47)	.18	.01
Other	.39 (1.58)	.02	.81
Bullying			
No exposure (Reference Group)			

Bullying Moderate Exposure	-3.15 (1.37)	-.15	.02
Bullying Substantial Exposure	-6.40 (1.92)	-.22	.001

Note. Model = F (209) = 5.89, p <.001, R^2 =.17, Adjusted R^2 =.14

6. Discussion

Results support the theoretical model used to test the study variables. Bullying among nurses was found to be significantly associated with lower levels of WE. Of importance, about thirty percent of hospital nurses reported being bullied at work. Attacks on work roles and tasks, bullying acts shown to have the largest effect on nurse engagement, a finding consistent with Hutchinson and colleagues initial WBI psychometrics study [16,24]. Alarmingly, medical-surgical nurses reported higher levels of bullying and lower engagement. This finding indicates that nurses working in medical-surgical units are at a greater risk of exposure to bullying. Since most new RNs begin their nursing clinical practice on these acute care units, it is vital that managers remain vigilant and address reports of bullying promptly to avoid threats of sub-adequate patient-care related to the inferences made that bullying decreases the degree to which nurses are fully engaged at work. In fact, RN engagement may play a major role in determining how nurses handle challenges, display resilience, and are engrossed in their work. It follows, that a highly engaged nurse is more likely to use optimal levels of mental, psychological, and physical energies in the provision of patient-centered care. Consistent with other studies, the moderately bullied nurse may be more prone to negative employee outcomes e.g. severe psychological, physical, and mental distress leading to not being fully engaged at work, increased sick calls, and possible resignation. Due to the insidious nature of bullying, which often goes unnoticed, it is critical that leaders take swift actions to identify and resolve it. More research is needed to examine bullying and engagement in other nurse practice settings, and to identify effective anti-bullying policies.

6.1 Implications for Management

The aim of this study was to extend the knowledge of how bullying may affect RN engagement in hospitals. Based on personal engagement research, key psychological conditions or drivers of engagement have been shown to increase employee engagement [34,35]. Nurse leaders can use these facilitators of engagement as strategies to strengthen the positive psychological conditions of employee engagement while minimizing the negative effects of workplace bullying [6,19]. Clearly, bullying continues to be a serious healthcare concern due to its potential negative employee, patient, and organizational outcomes. Once identified, employees who report being bullied should receive administrative support and protection throughout the investigation, meditation, and resolution processes. Managers can use anti-bullying strategies (ANA, 2015), and employee education to promote and sustain positive work environments [3]. Administrators can establish Magnet® designation as a structural model to support effective leadership and an engaged nursing workforce [2,3,36].

6.2 Limitations and Future Research

This cross-sectional study did not allow the testing of events over time. Further, RN recruitment from 1 publisher and use of a mailed survey may have posed a self-selection bias and limit the generalizability of findings [29]. The use of the WBI may limit the comparison of findings with other studies that used other measures of bullying e.g. the Negative Acts Questionnaire-Revised (NAQ-R) [23,37]. More research is needed to resolve these limitations such as comparative studies with a larger sample, longitudinal, and psychometric instrument designs.

7. Conclusions

To date, bullying remains a serious challenge for nurses working in US hospitals. This study adds theory-driven evidence to the literature. Findings provide a theoretical context for testing how workplace bullying can affect RN engagement and potential patient and hospital outcomes. However, research is warranted to investigate the extent to which modifiable workplace factors such as bullying may affect employee engagement. Nurse leaders should collaborate with human resources managers to increase bullying awareness, anti-bullying actions, and promote employee engagement. Together, administrators, managers, and staff nurses are in key positions to establish engaging work environments.

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