

Survey of Registered Nurses Working in the Metropolitan Hospitals on Bullying Experiences at Workplace in South Korea

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Abstract

This study aimed to identify the bullying experiences and coping patterns experienced by clinical nurses. A total of 215 nurses who had worked at 10 hospitals in Seoul from 3 September 2019 to 20 October participated, but two of them had missing data. Ultimately, 213 subjects were included. The collected data were analyzed using the SPSS/WIN20.O program which were analyzed using the mean and standard deviation. Subjects who experienced bullying accounted for 110 out of 213 (51.6%) in which 66.3% were experienced nurses and 21.8% were new nurses. To talk to a colleague was 57.3%, to work with a feeling of hurt but remain calm was 56.4%, to forget by thinking about something else or doing something was 50%. The study on the coping response after bullying has not been revealed in previous Korean reports, and it is expected to be a useful information for preventing workplace bullying in the future and establishing an immediate and active coping system.

Keywords: *Registered Nurses, Metropolitan hospital, bullying experience.*

Introduction

Persistent bullying in the workplace can have a serious impact on physical, psychological, and social health conditions. Anxiety, depression and stress, insomnia, weight loss, low self-esteem, and psychological atrophy are the most severe reactions. Traumatic stress disorder may also occur¹.

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Workplace bullying can also lead to burnout, leading to decision-making². Workplace bullying not only causes physical and mental damage to individuals; it also leads to business mistakes, reduced productivity, and turnover in the organization.

The bullying of nurses in Korea has been studied, but the study on how to cope with the situation of bullying has been seldom conducted. In addition, bullying among new nurses has been largely reported, but no bullying experiences in career nurses have been studied. Therefore, this study examined the bullying experiences of career nurses as well as the new nurses. It also confirmed the violence status as a basic information for generalizing the occupational violence reporting system and prepared guidelines for creating a safe working environment. Hence, these steps are immensely necessary.

Purpose of Research: This study aimed to investigate the bullying status, post-bullying reactions, and coping patterns experienced by clinical nurses.

First, we investigated the bullying experiences experienced by nurses. Second, we examined the

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differences in bullying experienced by nurses. Third, we investigated the coping behavior according to the bullying situation experienced by the nurses.

Method

Design and Sample: This study used the descriptive research method to determine the status of bullying experienced by nurses and the reaction and coping patterns they demonstrated after being bullied.

Data Collection: This study was approved by the Institutional Review Board of Institutional Review Board (IRB C-2019-003). The research coordinator contacted the staff in each hospital to explain the purpose and procedure of the study and then sent a website address and a questionnaire. The nurses could freely choose on whether to answer in a questionnaire or through the website, and then the data were collected. A total of 215 nurses who had worked at 10 hospitals in Seoul from 3 September 2019 to 20 October participated, but two of them had missing data. Ultimately, 213 subjects were included

Instrument:

Negative Acts Questionnaire-Revised (NAQ-R): The NAQ-R tool was developed by Einarsen and Raknes³, but it was translated by Nam et al. The self-report questionnaire consists of 22 questions. It is divided

into three sub-domains, namely, personal harassment, physical threat, and work harassment. A high score of 22 to 110 indicates that more negative behavior was experienced.

Coping with Bullying: This instrument, which consists of 13 questions, was created by modifying and supplementing the coping measures for violence presented by Kim and Kwon [18]. The questions can be answered with either yes or no.

Data Analysis: The collected data were analyzed using the SPSS/WIN20.O program. The subjects' general characteristics, job-related characteristics, post-violent coping behavior, and failure to report were analyzed using the mean and standard deviation.

Results

General Characteristics of Subjects: The 213 subjects were composed of 5.2% male and 94.8% female. The age of patients ranged between 25 and 53 years, with a mean of 29.7 ± 7.22 years. The average work experience of nurses was 5.58 ± 7.26 years in which 26.3%, 64.8%, and 7.5% were new nurses (worked for less than a year), experienced nurses, and other nurses, respectively. The medical wards were followed by internal medical wards (25.4%), surgical wards (17.8%), intensive care unit (17.4%), and outpatient (13.6%) (Table 1).

Table 1. Participant Demographic Characteristics (N=213)

| Characteristics | Categories | N(%) | M±SD |
|-------------------------|-------------------------|-----------|-----------|
| Gender | Male | 11(5.2) | |
| | Female | 202(94.8) | |
| Age (yr) | 25-29 | 152(71.4) | 29.7±7.22 |
| | 30-34 | 27(12.7) | |
| | 35-39 | 9(4.2) | |
| | 40-53 | 25(11.7) | |
| Working experience (yr) | <2 | 79(37.1) | 5.58±7.26 |
| | 2 - 4 | 56(26.3) | |
| | 4 - 6 | 30(14.1) | |
| | >6 | 48(22.5) | |
| Current position | New Graduate Nurse | 56(26.3) | |
| | Registered Nurse | 138(64.8) | |
| | Unit Manager | 16(7.5) | |
| | Clinical Nurse Educator | 3(1.4) | |

| Characteristics | Categories | N(%) | M±SD |
|-----------------|------------------------|----------|------|
| Working area | Medical Ward | 54(25.4) | |
| | Surgical Ward | 38(17.8) | |
| | Intensive Care Unit | 37(17.4) | |
| | Out Patient Department | 29(13.6) | |
| | Emergency Room | 19(8.9) | |
| | Other | 36(16.9) | |

Bullying Experience Related to Characteristics: Subjects who experienced bullying accounted for 110 out of 213 (51.6%) in which 66.3% were experienced nurses and 21.8% were new nurses. Furthermore, 50% of

the respondents took immediate action after the bullying experience, and 51.8% thought of leaving the job after the bullying experience (Table 2).

Table 2. Bullying experience related to characteristics (N=110)

| Characteristics | Bullying | n(%) | X ² (p) |
|-------------------------------------|-------------------------|-----------|--------------------|
| Current position | New graduate RN | 24(21.8) | 3.96 (.265) |
| | Registered Nurse | 73(66.3) | |
| | Unit manager | 11(0.1) | |
| | Clinical nurse educator | 2(1.8) | |
| Action after report bullying | Immediately action | 55(50.0) | |
| | No action | 55(50.0) | |
| Turnover intention related bullying | Yes | 57(51.8%) | |
| | No | 53(48.2%) | |

Ways of Coping: To talk to a colleague was 57.3%, to work with a feeling of hurt but remain calm was 56.4%, to forget by thinking about something else or doing something was 50%, to talk to friends or family was 46.4%, to avoid eye contact was 41.8%, and to remain inactive (attractive) was 40.9% (Table 3).

Table 3. Ways of Coping (N=110)

| Variables | n(%) |
|--|----------|
| Report to Administrator | 16(14.5) |
| Talking to friends or family | 51(46.4) |
| Talk to a colleague | 63(57.3) |
| Creates an incident log | 8(7.3) |
| Rport to the police | 3(2.7) |
| Inactive (attractive) | 45(40.9) |
| To forget while thinking about something else or doing something | 55(50) |
| Consultant found | 6(5.5) |
| Indirect expression of displeasure | 23(20.9) |

| Variables | n(%) |
|---|----------|
| Ask someone close to you for help | 21(19.1) |
| Avoid eye contact | 46(41.8) |
| Trying to understand the other person | 34(30.9) |
| To work with a feeling of hurt, but calm down | 62(56.4) |
| Drinking alcohol | 34(30.9) |
| I don't know what to do. I don't know what to do. | 30(27.3) |

Discussion

In addition, violence was reported in 75% of Australian nurses⁵ and 33% of Canadian nurses⁶. Nurses have been experiencing bullying at various sites, such as emergency rooms⁷, psychiatric wards⁸, and communities⁹.

This study found that coping with bullying involved talking to colleagues most frequently. This result is similar to that of Kang Hee Sun⁹. Therefore, the training should include guidance on how to cope with co-worker bullying.

In previous studies¹⁰, older nurses experienced more workplace harassment, but in the current study, 26.3% of new nurses and 64.8% of experienced nurses experienced more workplace harassment. According to the nurse's career, the shorter the experience of working as a nurse, the more frequent the bully experiences¹¹. Meanwhile, the findings were similar to studies reported by nurses in medical wards experiencing more workplace harassment^{10,11}.

In recent years, an incident has been reported that nurses' workplace bullying has resulted in death; thus, the Ministry of Health and Welfare urgently needs to discuss on the strong implementation of education and preventive measures against bullying. In addition, in the event of bullying, a systematic incident reporting system should be in place and encouraged to respond proactively.

In Korea, various activities, such as 100-day ceremonies and one-year ceremonies to adapt to new nurses, are implemented; however, support programs for career nurses are not well run. Therefore, running support programs for them is necessary.

In addition, considering that nurses who experience workplace bullying may later become perpetrators¹², preventative interventions and policies according to the ladder system of new nurses and experienced nurses are necessary to be established. The main influencing factors of workplace bullying are organizational factors instead of individual ones¹¹. Moreover, the development and training of such preventive programs, the encouragement of reporting systems after bullying, instruction and guideline education, and immediate and active response programs should be actively and continuously operated.

Conclusion

Not only new nurses but also experienced nurses and unit managers were exposed to workplace bullying. Recently, nurses who died from workplace bullying encountered industrial accidents and were aware of the guidelines for preventing bullying. However, they did not have specific training for harassment prevention, reporting system, and guidelines. Preventive education and immediate action in case of bullying should be strengthened starting from the nursing college days. Furthermore, the safety guidelines should be reinforced through education and include the contents of annual nurse remuneration education to support legal and institutional safe working conditions.

The study on the coping response after bullying has not been revealed in previous Korean reports, and it is expected to be a useful information for preventing workplace bullying in the future and establishing an immediate and active coping system.

Conflict of Interest: Nil

Ethical Clearance: Done

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