

CNSA Position Statement on Creating an Empowering Environment for Nursing Students to Eliminate Bullying in the Nursing Profession

Background

Workplace bullying is defined as harassing, offending, socially excluding someone or negatively affecting someone's work (Lutgen-Sandvik, Tracy, & Alberts, 2007; Waschgler, Ruiz-Hernández, Llor-Esteban, & Jiménez-Barbero, 2013). This kind of bullying, when carried out in the healthcare sector by a colleague is known as lateral or horizontal workplace bullying/violence and when carried out by a superior is known as vertical workplace bullying/violence (Waschgler et al., 2013). Many other terms exist to describe this behaviour in literature, including “nurses eating their young”, verbal abuse, disruptive behaviour, and incivility (Sauer, 2012).

Bullying can include overt behaviours such as physical aggression. Yet covert behaviours are more prevalent and appear in many forms including social isolation, being ignored or ostracized, undermining of professional status, tampering with tools or equipment people need to do their jobs, feeling intimidated, micromanagement of one's work duties, and personal attacks on credibility (Rayner & Keashly, 2005).

The participants in a study by Baker (2012) reported their first exposure to bullying occurred while they were students in nursing school; that in turn had devastating effects on self-confidence and self-image (Baker, 2012). While bullying in the nursing profession was first defined in the mid 1960s, there is very little research about the efficiency of specific interventions to address the problem (Anno, Nuechterlein, Dyette, & Bonie, 2013). It seems odd that a profession based on the principles of providing care, compassion and empathy often turns a blind eye to nurse-on-nurse bullying and the victimization of its members (Baker, 2012).

Predominance of bullying

A study by Laschinger, Grau, Finegan, and Wilk (2010) which looked at the link between bullying and burnout among newly graduated nurses in Canada, found that one-third (33%) of the new graduates in their sample were bullied. Another study that looked at the rate of bullying experienced by undergraduate nursing students in Canada found that 88.7% of respondents had experienced bullying at least once in a clinical setting, with 77% of students reporting that they experienced bullying behaviours in their first year of study (Clarke, Kane, Rajacich, & Lafrenier, 2012, p. 273-274). The most frequently reported bullying behaviour experienced by students was feeling that their efforts were

undervalued (60% of respondents), followed by being told negative remarks about becoming a nurse (45% of respondents) (Clark, et al., 2012, p. 273). Qualitative investigations of nursing students' perceptions of vertical violence have revealed that being ignored, being treated as incompetent, being blamed unfairly for mistakes, and being publicly humiliated are the most frequent occurrences (Thomas & Burk, 2009). The suppressed anger of bullied nursing students has also been shown to be a significant outcome of unresolved bullying incidents (Thomas & Burk, 2009). This last finding is concerning, because it can be argued that this is how the cycle of bullying is instilled and perpetuated, even before nursing students graduate and begin to practice.

Nursing students' perceptions of horizontal violence change over the period of their education (Curtis, Bowen & Reid, 2007). Second year students tend to be overwhelmed by bullying behaviour and are unable to understand why the situation is occurring or how to deal with it. By their third year, students accept their experiences with horizontal violence as being unavoidable and view them as situations to learn from by deciding to be different when they became RNs. However, research shows that some students take on the negative behaviours they experience or witness, and perpetuate the cycle of violence (Curtis et al., 2007). Other studies find that many student nurses accept horizontal violence as a "rite of passage," and repeat these behaviors in their future careers (Hinchberger, 2009).

It is important to stop the cycle of bullying. The journey of accomplishing this starts with nursing students and creating an empowering and supportive environment where their experiences can be addressed.

The Canadian Nursing Students' Association's (CNSA's) Position

As identified in the Canadian Nursing Students' Association (CNSA) Nursing Students' Bill of Rights and Responsibilities, "students have the right to supportive, educational and safe teaching and learning environments" (2011). CNSA supports the development and implementation of policies within educational institutions and workplace organizations to ensure a transparent procedure exists for the reporting of bullying and the zero tolerance that should exist towards it. Students should be informed of these policies in order for a conversation to begin about this topic.

Canadian Stakeholder Involvement

A systematic review of successful policies addressing nurse-to-nurse bullying was conducted by Coursey, Rodriguez, Dieckmann, and Austin (2013), revealing a need for a multi-faceted approach that must support a change in the behaviour and culture of

institutions in order to affect a sustainable decrease in the rate of lateral and horizontal violence. CNSA supports a nation-wide exploration of strategies involving provincial and territorial nursing bodies, to determine what strategies exist in Canada to address nurse-to-nurse violence, and which among them are effective in curbing the incidence and prevalence of bullying in the nursing field. This is especially important in order to uphold the Workplace Violence and Workplace Harassment Acts that exist across provincial and territorial governments in Canada.

Nursing Curriculum

CNSA supports educational institutions in their development of an empowering environment where clinical instructors or supervisors advocate for their students, and include bullying as an open topic of discussion in clinical debrief sessions. It is also the responsibility of educational institutions to support students who are subjected to bullying behaviour (Clarke, et al., 2012). In addition, equipping clinical instructors with the tools to tackle reported and observed bullying incidents is essential (Clarke, et al., 2012). This can be accomplished, in part, through policy development and implementation on bullying reporting mechanisms.

The importance of reporting is predominant in studies, some of which show that while 66% of the student participants discussed their experience of being bullied with a peer or a significant other, 49% did not report these incidents to their clinical instructor or supervisor (Joy, 2007). This demonstrates the need for a discussion on nurse-on-nurse bullying between educational institutions and their students prior to the beginning of each clinical placement. In addition, implementation of undergraduate course material that brings awareness to nurse-on-nurse bullying and empowers students to develop their own strategies to deal with it effectively is another way to break the cycle of horizontal violence in nursing. This will allow students to “be able to appropriately label what is occurring as ‘horizontal violence’ and place it in a broader context than what is happening to them personally” (Curtis, Bowen & Reid, 2007, p. 162). Nurse educators must teach student nurses and new graduates that if the behavior encountered is offensive and undermines them or their job in any way, it is bullying and it should be addressed (Hinchberger, 2009).

Conclusion

The actions mentioned above will not only make everyone aware that bullying is an unacceptable behaviour but it will also create an open atmosphere in which students are willing to share their stories and seek counsel when the need arises. This empowering

environment will allow students to see the power that lies within themselves to break the cycle of bullying which is predominant in the nursing profession.

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