Bullying and Strategies for Conflict Management in Healthcare Settings

Nurse bullying is unfortunately a very common phenomenon that has damaging effects on nurses, the nursing profession, patients and health care institutions (Castronovo, Pullizzi & Evans, 2016). Bullying can be in the form of harassment, horizontal violence, lateral violence, nurse hostility, abuse, disruptive behaviour, etc. (Castronovo et al., 2016). In Castronovo et al. (2016) 'workplace mobbing' is discussed, which is defined as a malicious attempt to force one out of the workplace using accusations, humiliation, harassment, emotional abuse/terror. The victim of this is overcome by power and is left feeling helpless, leading to physical or mental distress, illness, social misery and leaving the workplace (Castronovo et al., 2016). These are similar findings to the article Seibel & Fehr (2028), as nurses continue to treat beginner nurses and nursing students as inferior in the healthcare hierarchy. This power imbalance leads to students having feelings of helplessness in the healthcare setting and wanting to leave the profession before truly entering it (Seibel & Fehr, 2018).

A participant of the study in Seibel & Fehr (2018) explained that as a student you look up to the nurses on the floor, so if there is bullying or conflict you are not confident to speak up to the role models/leaders within this setting. This article states that administration, staff and students should be offered training on how to address bullying in a professional environment, but faculty should also reflect on their communication and expand their conflict management skills to support students in the healthcare setting (Seibel & Fehr, 2018). Whereas Johansen (2012) states that the nurse manager holds a pivotal role in making a difference for patients, families and staff. It is recommended that nurse managers initiate conflict resolution through engaging in dialogue, engaging in coaching, identifying potential conflicts, and education and training (Johansen, 2012). Nurse managers that handle this conflict must do so in a delicate way due to involving working relationships and interdisciplinary teams that allow to unit to function (Johansen, 2012).

Many workplaces deny that nurse bullying exists or accept it as 'normal', which promotes silence and ignorance to this problem (Castronovo et al., 2016). This is agreeable with the article Johansen (2012) that states that research has found that many nurses use the avoidance approach to manage interpersonal conflict. Ignorance and avoidance to this issue is associated with increased stress levels at work, which is linked to negative patient outcomes such as medication errors, patient falls, and reduced quality of care (Johansen, 2012). Similar evidence was found in Castronovo et al. (2016) - that nurse bullying has consequences on the health and well-being of nurses but also results in substantial costs to healthcare organizations such as absenteeism, turnover, employee healthcare and jeopardizes the care and safety of patients.

References

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