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# Workplace Bullying Experienced by Massachusetts Registered Nurses and the Relationship to Intention to Leave the Organization

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This descriptive study examines bullying behavior among nurses and tests the relationship between bullying and a nurse's intention to leave their organization. Data were collected from 511 randomly selected newly licensed registered nurses by using the Revised Negative Acts Questionnaire, an instrument that measures perceived exposure to bullying at work. Results found that 31% of respondents reported being bullied and that bullying is a significant determinant in predicting intent to leave the organization ($B = 3.1$, $P < .0005$). Data suggest that effective interventions are needed to stop workplace bullying that contributes to high rates of nurse turnover. **Key words:** *horizontal violence*, *intention to leave*, *lateral violence*, *nursing*, *oppressed group behavior*, *workplace bullying*

SINCE 1990, research into workplace bullying has emerged as a separate phenomenon, distinct from harassment that is either sexual or racial in nature. Although there has been substantial research on bullying in the workplace, most has been conducted in Western Europe, Australia, and New Zealand. Few of these studies[1–3] examined workplace bullying among nurses; furthermore, nurses were not included in any study conducted in the United States. This study extends current understanding of bullying in the US nursing workplace and its effect on nursing turnover. More specifically, this study identifies the presence of bullying behavior within a population of registered nurses (RNs), examines whether newly graduated RNs (less than 36 months) are bullied more than more experienced nonmanagerial RNs, tests the association between those who are bullied and those who are not with intention to leave the organization, and finally analyzes the characteristics that predict intention to leave.

## BACKGROUND AND SIGNIFICANCE OF STUDY

The United States is in the midst of a nursing shortage that is expected to intensify over the next 20 years. There were 1.89 million full time equivalent RNs working in the United States in the year 2000, whereas the estimated demand for RNs was 2 million, creating a shortage of 110 000 or 6%. It is estimated that this shortage will grow slowly until 2010 when it is expected that there will be 12% less RNs than needed. By 2020, it is

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expected that 800 000 jobs for RNs will go unfilled.[4] If not addressed, the shortage will continue to increase to an estimated 29% by 2020. Although most of what has been written about the nursing shortage focuses on recruitment, turnover is also a major issue. *Turnover*, which is defined as a voluntary decision on the part of individuals to leave an organization,[5] has been a problem in nursing over the last 40 years. An early 1962 study by the American Nurses Association reported a turnover rate greater than 40%[6] and in 1980, the national RN turnover rate for hospital nurses was 30%.[7] Currently, a study by the Voluntary Hospitals of America found that the annual nursing turnover rate is about 21% for all nursing positions.[8] One identified strategy to address this shortage is to decrease the turnover of RNs currently practicing within the healthcare workforce.[9]

The relationship among absence from work, intent to leave, and turnover is uncertain. It is nonetheless suggested that these form a continuum, which culminates in turnover.[10] Price and Mueller[11] found *intent to leave* to be an important predictor of nursing turnover behavior for both part-time and full-time nurses. As nurses develop their intention to leave, they are inclined to follow through with leaving behavior.[12] There is a consistent association between actual turnover and intent to leave.[10] Intent to leave is a transitional link and is the most important predictor of turnover.[11,13] Mobley et al[14] found that intent to leave was the single significant factor in predicting turnover, as Landstrom et al[15] conclude that intent to leave precedes termination.

A large amount of research has been devoted to understanding the complexities of what keeps nurses in their jobs. Many studies have examined the correlation of nurse retention and a variety of factors including job satisfaction, job stress, group cohesiveness, and management style.[16–18] Although nurses leave their jobs for a variety of reasons, dissatisfaction with the job is widely regarded as the primary contributor to turnover among nurses.[11,18–20] Various studies of job satisfaction among nurses often cite positive relations with coworkers as a contributing factor to contentment with a position. Different labels are used to categorize workplace relationships but, regardless of the descriptor, positive relationships with colleagues have been identified as important job satisfiers.

Ames et al[21] found that *team playing*, defined as teams that encourage and recognize coworkers, willingly help each other, and include new staff, is reported to be the most important job satisfier. Other studies[12,22] referred to the concept of getting along with peers as integration and group cohesion, respectively. Seymour and Busherhof[23] found that dissatisfaction with nursing colleagues ranked fourth as a source of workplace difficulties. Nurses reported lack of mutual respect, in-fighting among peers, allegations of poor professional standards among colleagues, and unsupportive attitudes by senior staff and administrators. *Nurses* were described as "their own worst enemy," "prone to in-fighting," and "splintered."[23(p119)] "A lack of encouragement and praise, petty jealousies, and a "tendency to run each other down" were seen in many work settings."[24(p119)] Janssen et al[24] found that emotional exhaustion was primarily predicted by a lack of social support from colleagues. Turnover is less apt to occur when there is increased group cohesiveness among work colleagues.[20]

Negative workplace behavior is a job dissatisfier and interferes with positive workplace relationships. Researchers have used a variety of constructs to describe negative workplace behavior. It has been called workplace aggression,[25] emotional abuse,[26] harassment,[27] horizontal violence,[28] incivility,[29] verbal abuse,[30] and bullying.[3]

This study uses the term *bullying* to describe the phenomenon that includes negative workplace behavior including such behaviors as being humiliated or ridiculed, being ignored or excluded, being shouted at, receiving hints that you should quit your job, receiving persistent criticism, and excessive monitoring of your work.

Bullying is a problem that must be explored as part of the overall strategy to retain an adequate nursing workforce. Bullying in the workplace affects the way nurses feel about their jobs, the ability to do their jobs, and whether they stay in their jobs. Because of the dearth of research on bullying among nurses in the United States, it is not known whether this behavior has an effect on nursing retention.

## THEORETICAL FRAMEWORK

The theory of oppressed group behavior is the theoretical framework that guided this study. Oppressed group behavior was first identified by Fanon[31] during the Algerian Revolution and further examined in 1970 by Freire[32] in his study of native Brazilians who had been dominated by Europeans. Oppressed groups were those who were controlled and exploited by others possessing greater power, prestige, and status. The dominant group identify their norms and values as the right ones in society and use their power to enforce them. Consequently, portraying the oppressed group as lacking in values, knowledge, beauty, dignity, and humanity with the oppressor embodying all that is good in the world, the oppressed group come to disdain and reject identification with their own culture. Self-deprecation is a characteristic of the oppressed, which comes from an internalization of the opinion of the oppressors. So often do they hear that they are less than, that in the end, the oppressed become convinced of their own unworthiness.[32]

Fanon[31] described the process that oppressed people are unable to express aggression and anger toward their oppressors because of submissiveness caused by self-hatred and low self-esteem. He used the term *horizontal violence* to describe the intergroup conflict that is directed horizontally, where it is perceived as safe to do so, instead of at the oppressor.

Roberts[33] later argued that the theory of oppressed group behavior is relevant to nursing because of its long history of being controlled by medicine. Roberts[33] posits that nurses, as an oppressed group, are divisive, lack cohesion, and exhibit self-hatred and dislike for each other. Nurses are particularly prone to socialization in a powerless role within the healthcare system because of the altruistic characteristics traditionally associated with nursing.[34] Duffy describes *horizontal violence* among nurses as the "overt and covert non-physical hostility such as criticism, sabotage, undermining, infighting, scape goating and bickering."[35(p9)] When considered within this historical context, a culture has been created among nurses that tacitly accepts bullying behavior as an acceptable part of the work environment. It is this author's contention that bullying behavior is a type of horizontal violence.

## RESEARCH PROBLEM

This retrospective, descriptive study tests the relationship of workplace bullying to a nurse's intention to leave his or her position.

## METHODS

### Sample

The target population for this study was RNs who became licensed in Massachusetts in years 2001, 2002, or 2003. Newly licensed nurses were sought because the literature suggests that less experienced workers are more often the target of bullying.[36]

Although all the nurses in the sample were newly licensed in Massachusetts in these years, not all were new RNs. The mailing list provided by the Massachusetts Board of Registration in Nursing does not distinguish between newly graduated nurses versus experienced nurses who are newly licensed in Massachusetts by reciprocity. Using the database available from the Board of Registration in Nursing, 1000 RNs were randomly selected.

Benner's model of Novice to Expert[37] posits that competence is attained once the nurse has been on the job for 2 to 3 years.

Therefore, 36 months was used as the cutoff to divide the sample into 2 groups of novice and experienced nurses.

Each of these nurses was mailed a questionnaire on the basis of a 5-stage protocol reported by Dillman[38] that included a prequestionnaire letter, the questionnaire, a postcard reminder, and a replacement questionnaire to nonresponders. Cost constraints prohibited the recommended certified mailing of a third questionnaire.

The research was approved by the institutional review board for the Protection of Human Research Participants at the University of Massachusetts Boston, and partially funded by 2 chapters of Sigma Theta Tau, Theta at Large, and Theta Alpha. No compensation was given, although in appreciation of participation, respondents who completed the survey were entered into 1 of 5 $50 raffles.

## Instruments

### *Bullying scale*

Bullying behavior was measured with the Negative Acts Questionnaire–Revised (NAQ-R) with the permission of the authors. The NAQ-R is the English version of the Norwegian Negative Acts Questionnaire, which was designed to measure perceived exposure to bullying at work. The NAQ-R consists of 22 items describing different kinds of behaviors that may be perceived as bullying if they occur on a regular basis. All items are written in behavioral terms with no reference to the word *bullying*. The full list of behaviors measured in the NAQ-R is shown in Table 1. The English version has an internal reliability of 0.92 as measured by the Cronbach $\alpha$ and the Pearson product-moment correlation coefficient of $-0.42$ with measures of both mental and physical health, 0.36 with intention to quit the job, and $-0.24$ with self-assessed overall job performance.[39]

Leymann[40] states bullying exists if an individual has been subjected to at least 1 negative act per week for at least 6 months. However, according to a written communication with S. Einarsen in February 2004, he suggests defining *exposure* to bullying as those who have experienced at least 2 negative behaviors weekly. This method defines an individual as either bullied or not bullied without describing the intensity of perceived bullying. To overcome this weakness in the instrument, this investigator created a summative bullying score by weighting the scores according to the frequency the behavior had occurred during the previous 6 months. Originally, the scale consisted of the frequency scores for bullying activities with the following possible responses: Never (1), Now and then (2), Monthly (3), Weekly (4), and Daily (5). For this study, these frequency scores were weighted, using the approximate number of working days in a 6-month period for the weight, as follows: Never (0), Now and then 2, Monthly = 6, Weekly = 25, and Daily = 125. Responses on the 22-item bullying scale were summed to create an interval scale of intensity of bullying behavior. Scores ranged from 0 to 2750, with higher scores indicating greater perceived bullying.

### *Intention to leave scale*

Intention to leave was measured using a subscale of the Michigan Organizational Assessment Questionnaire. This scale[41] is a 3-item index of employees' intention to leave their job with a reported internal consistency and reliability of 0.83 as measured by the Cronbach $\alpha$.[42] The intent to leave score was obtained by summing the results of these 3 items. Scores ranged from 3 to 18 with a mean score of 9.9 and an SD of 5.1. The intention to leave scale, though not skewed ($z = 0.7$), was not normally distributed. Several transformations were attempted but none improved its normality.

## ANALYSIS OF DATA

Statistical Package for the Social Sciences version 12.0 for Windows (2003) (SPSS Inc., Chicago, IL) was used to analyze the data. Descriptive statistics (means, SDs, and

**Table 1.** Behaviors measured in the revised Negative Acts Questionnaire and frequency or percent of behaviors reaching bullying threshold ($n = 511$)

| Bullying behavior | Weekly, *n* (%) | Daily, *n* (%) | Total, *n* (%) |
|---|---|---|---|
| Someone withholding information, which affects your performance | 42 (8.2) | 13 (2.5) | 55 (10.7) |
| Humiliated or ridiculed in connection with your work | 38 (7.5) | 13 (2.5) | 51 (10) |
| Ordered to work below competence | 30 (5.9) | 29 (5.7) | 59 (11.6) |
| Having key areas of responsibilities removed or replaced with more trivial or unpleasant tasks | 27 (5.3) | 18 (3.5) | 45 (8.8) |
| Spreading of gossip and rumors about you | 50 (9.8) | 21 (4.1) | 71 (13.9) |
| Being ignored or excluded | 49 (9.6) | 26 (5.1) | 75 (14.7) |
| Having insulting or offensive remarks made about your person, attitudes, or private life | 23 (4.5) | 17 (3.3) | 40 (7.8) |
| Being shouted at or being the target of spontaneous anger (or rage) | 14 (2.7) | 9 (1.8) | 23 (4.5) |
| Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way | 15 (2.9) | 2 (0.4) | 17 (3.3) |
| Hints from others that you should quit | 12 (2.3) | 6 (1.2) | 18 (3.5) |
| Repeated reminders of your errors or mistakes | 19 (3.7) | 9 (1.8) | 28 (5.5) |
| Being ignored or facing a hostile reaction when you approach | 23 (4.5) | 17 (3.3) | 40 (7.8) |
| Persistent criticism of your work | 21 (4.1) | 12 (2.3) | 33 (8.8) |
| Having your opinions and views ignored | 34 (6.7) | 24 (4.7) | 58 (11.4) |
| Practical jokes carried out by people you do not get along with | 6 (1.2) | 4 (0.8) | 10 (2.0) |
| Being given tasks with unreasonable or impossible targets or deadlines | 30 (5.9) | 21 (4.1) | 51 (10) |
| Having allegations or accusations made against you | 8 (1.6) | 7 (1.4) | 15 (3.0) |
| Excessive monitoring of work | 20 (3.9) | 20 (3.9) | 40 (7.8) |
| Pressure not to use earned job benefits (eg, sick leave, vacation time, travel expenses) | 20 (3.9) | 15 (2.9) | 35 (6.8) |
| Being the subject of excessive teasing and sarcasm | 16 (3.1) | 5 (1.0) | 21 (4.1) |
| Unmanageable workload | 65 (12.7) | 54 (10.6) | 119 (23.3) |
| Threats of violence or physical abuse or actual abuse | 1 (0.2) | 1 (0.2) | 2 (0.4) |

percentages) were used to describe the population. The *t* test tested the difference in the mean summative bullying score between newly graduated nurses (<36 months) to more experienced nonmanagerial nurses. The Pearson product-moment correlation coefficient tested the association between those who are bullied and those who are not with intention to leave the organization and linear regression was used to predict likelihood to leave the organization.

Several diagnostic procedures, including the Levene's test for homogeneity of variance, testing the assumption of homogeneity of regression across groups, testing the assumption of linearity, and checking the residuals for

heterogeneity of variance were undertaken to determine whether the data were suitable for regression analysis. In addition, prior to hypothesis testing, a preliminary analysis of both the bullying and intent to leave scales was performed. According to Fisher's measure of skewness, the bullying scale is highly positively skewed ($z = 34$) with many more values at zero than anywhere else.[43] Tabachnick and Fidell[44] recommend using a log transformation for substantial skewness. A log transformation (after adding a constant) of the bullying scale was performed and produced the best approximation of a normal distribution ($z = 1.4$).

## FINDINGS

The number of valid, completed surveys was 511 with a response rate of 54.4%. The sample included 34 men (6.7%) and 477 women (93.3%), who aged from 22 to 64 years with a mean age of 33.1 years (SD = 9.0). The duration that participants were licensed as RNs ranged from 6 months to 35 years with a mean of 3.7 years (SD = 5.0). The vast majority (77.9%) were licensed 36 months or less. The most common practice setting was the hospital (76.1%), with staff or charge nurse the most commonly stated principal role (93%). Seventy-nine percent of those whose practice setting was the hospital worked on either medical-surgical or intensive care units. Table 2 provides complete information on characteristics of the 511 nurses in the sample.

### Bullying among nurses

Respondents were asked, over the last 6 months, how often have you been subjected to the following behaviors at work by another nurse? Using the criterion to classify an individual as being bullied is having experienced at least 2 negative behaviors by another nurse on a weekly or daily basis over the last 6 months, 31% ($n = 159$) of the respondents were bullied at work. The frequencies and percentages of bullying behaviors on a weekly or daily basis are presented in Table 1.

**Table 2.** Characteristics of study participants ($n = 511$)

| Variable | Frequency | % |
|---|---|---|
| Gender | | |
| Male | 34 | 6.7 |
| Female | 477 | 93.3 |
| Race or ethnicity | | |
| White, non-Hispanic ($n = 508$) | 427 | 84 |
| Black | 36 | 7.1 |
| Hispanic | 12 | 2.4 |
| Asian or other | 33 | 6.5 |
| Years as RN | | |
| 0–3 | 398 | 77.9 |
| Greater than 3 | 113 | 22.1 |
| Marital status | | |
| Married | 269 | 53.1 |
| Never married | 192 | 37.9 |
| Once married | 46 | 9 |
| Highest degree | | |
| BSN | 231 | 45.2 |
| Associate's degree | 194 | 38.1 |
| BA/MA in another field | 46 | 9 |
| Diploma | 16 | 3 |
| MSN | 14 | 2.7 |
| Direct entry MSN | 10 | 2 |
| Time in current position | | |
| 0 through 1 y | 255 | 49.9 |
| 1.1 through 2 | 159 | 31.1 |
| Greater than 2 | 97 | 19 |
| Current practice setting | | |
| Hospital | 388 | 76 |
| Community | 53 | 10 |
| Nursing home | 53 | 10 |
| School or other | 16 | 3 |
| Principal role | | |
| Staff or charge nurse | 473 | 93 |
| Clinical Spec or NP | 5 | 1 |
| Other | 32 | 6 |
| Type of hospital unit ($n = 388$) | | |
| Medical-Surgical | 232 | 59.8 |
| Critical care | 75 | 19.3 |
| Obstetrics | 21 | 5.4 |
| Pediatrics | 17 | 4.4 |
| Rehabilitation | 14 | 3.6 |
| Mental health | 12 | 3.1 |
| OR/PACU | 11 | 2.8 |
| Other | 6 | 1.6 |

**Table 3.** Bullying behavior univariate descriptive statistics

| Variable | *N* | Mean | Median | Mode | SD |
|---|---|---|---|---|---|
| Withholding information | 504 | 6.10 | 2 | 0 | 19.77 |
| Being humiliated or ridiculed | 508 | 5.93 | 0.0 | 0 | 20.35 |
| Work below level of competence | 508 | 9.58 | 2.0 | 0 | 28.99 |
| Responsibilities removed | 503 | 6.69 | 0.0 | 0 | 32.50 |
| Gossip about you | 507 | 8.61 | 2.0 | 0 | 25.26 |
| Being ignored or excluded | 507 | 9.79 | 2.0 | 0 | 27.22 |
| Insulting or offensive remarks | 508 | 5.99 | 0.0 | 0 | 22.75 |
| Being shouted at | 510 | 3.50 | 0.0 | 0 | 15.14 |
| Intimidating behavior | 508 | 1.50 | 0.0 | 0 | 8.81 |
| Hints that you should quit | 509 | 2.39 | 0.0 | 0 | 13.92 |
| Reminders of errors or mistakes | 508 | 3.86 | 0.0 | 0 | 16.95 |
| Ignored or facing hostility | 506 | 5.99 | 0.0 | 0 | 22.15 |
| Persistent criticism of your work | 509 | 4.53 | 0.0 | 0 | 19.38 |
| Your opinions ignored | 509 | 8.82 | 2.0 | 0 | 26.56 |
| Practical jokes against you | 507 | 1.59 | 0.0 | 0 | 11.38 |
| Given impossible targets | 510 | 7.25 | 0.0 | 0 | 24.53 |
| Accusations against you | 510 | 2.56 | 0.0 | 0 | 14.79 |
| Excessive monitoring of work | 509 | 6.47 | 0.0 | | 24.47 |
| Pressure not to use vacation etc | 509 | 5.50 | 0.0 | 0 | 21.40 |
| Excessive teasing and sarcasm | 510 | 2.36 | 0.0 | 0 | 12.99 |
| Unmanageable workload | 509 | 17.64 | 2.0 | 0 | 37.47 |
| Threats of violence or abuse | 510 | 0.39 | 0.0 | 0 | 5.66 |
| Sum of bullying behavior | 510 | 126.8 | 26 | 6 | 255.14 |

A bullying score was then obtained by summing the results of the 22 items related to negative workplace behaviors. Scores ranged from 0 to 2131 with a mean score of 127 of a possible 2750 points and an SD of 255. This scale demonstrated reliability with a Cronbach $\alpha$ of .88. Univariate descriptive statistics including measures of central tendency for each bullying behavior are found in Table 3.

When the sample is split into 2 groups using the criterion of experiencing at least 2 negative behaviors by another nurse on a weekly or daily basis over the last 6 months, the mean bully score for those who have not experienced bullying is 20 ($n = 352$, SD = 26.1), whereas the mean score for those bullied jumps to 364 ($n = 159$, SD = 357.2) with a maximum score of 2131, suggesting that when bullying is present, it is severe.

A $t$ test was used to test the difference between these groups. Before this $t$ test was performed, a Levene test was done to test the hypothesis that the variances are the same for those RNs who met the criterion of being bullied and those who did not. In this case, the null hypothesis is rejected ($f = 330.4$, $P = .001$); the variances are not equal. This required an adjustment in that a smaller degree of freedom must be used when interpreting the $t$ test. When tested with the $t$ test, there is indeed a statistical difference ($t_{157} = -12.06$, $P \leq .0001$) between bullying scores among nurses who met the criterion for being bullied and those who did not.

Study respondents were given the operational definition of workplace bullying and then asked, "Using this definition, have you ever been bullied at work over the last six months?" The overwhelming majority (79%) responded "no," 18% responded "yes, but only rarely or now and then," whereas 2.8% of the sample responded "yes, several times a week or almost daily." Although only 21% of the

sample perceived being targets of bullying, 31% met the criterion for being bullied using the 22-item bullying scale.

However, when asked whether they had ever seen others bullied during the last 6 months, 9% of the sample responded "yes, several times a week or almost daily"; 45% responded "yes, but only rarely or now and then." Only 23% responded "no" to this question.

### Work experience and bullying

In this study, 403 of the nurses were licensed as RNs 0 to 36 months and 107 were licensed greater than 36 months. Before the *t* test was performed, a Levene test was done to test the hypothesis that the variances are the same for those RNs licensed less than 0 to 36 months and those licensed more than 36 months. In this case, the null hypothesis is rejected ($f = 10.6$, $P = .001$); the variances are not equal. This required an adjustment in that a smaller degree of freedom must be used when interpreting the *t* test. The mean bully score for RNs licensed 0 to 36 months was 107 (SD = 244) and 162 (SD = 291) for RNs licensed more than 36 months. When tested with the *t* test, there was no statistical difference ($t_{147} = -1.48$, $P = .14$) in bullying scores among nurses licensed 0 to 36 months and those more experienced, nonmanagerial nurses. Experienced nurses were targets of bullying behavior as frequently as new, novice nurses.

### Bullying and intention to leave

The Pearson product moment correlations were computed between the log of the bully score and intent to leave. A significant correlation was found ($r = 0.51$, $P < .001$) between these 2 variables. As the bullying score increased, so did the likelihood to leave the organization.

The intent to leave score was obtained by summing the results of the 3 questions related to the respondents' perceived intention to leave the organization. Scores ranged from 3 to 18 with a mean score of 9.9 and an SD of 5.1. This scale demonstrated reliability with a Cronbach $\alpha$ of .88.

A linear regression model was used to examine how much variance in intent to leave the organization was explained by the variables bullying score, age, gender, race or ethnicity, marital status, education, years as an RN, length of time in current position, number of hours worked per week, current practice setting, and role. Analysis of variance was used to screen those independent variables that had no relationship to intent to leave because it would complicate the process of checking diagnostics. Using a significance level of .05, it was determined that there was no difference between groups with respect to intent to leave for the following independent variables: age, role, highest educational degree, years as an RN, length of time in current position, and practice setting. Independent variables that remained in both models were bullying, race/ethnicity, and marital status.

As shown in Table 4, when using the logged sum of the bullying score in the regression model, bullying, as well as race, satisfaction with salary and marital status are significant predictors to intent to leave. Holding other variables constant, a unit increase in the log of the sum of the bullying score is associated with a 3.1 increase in the sum of intent to leave score ($P < .0005$). Holding other variables constant, a unit increase in satisfaction with money is associated with a 0.37 decrease in the sum of intent to leave ($P < .0005$). Holding other variables constant, those who are black ($B = 1.8$, $P = .02$) are significantly more likely to leave their positions than those who are white. Holding other variables constant, those who are married ($B = -1.1$, $P = .014$) are significantly less likely to leave their positions than those who were never married. All variables involved in this model explained 29% of the variance in intent to leave ($F_{7,493} = 28.8$, $P < .0005$). The main finding of this study is that as workplace bullying increases, so increases the nurses' intent to leave their jobs.

**Table 4.** Summary of linear regression analysis for bullying predicting intent to leave

| Variable | *B* | *t* | *P* | Partial $\varepsilon^2$ |
|---|---|---|---|---|
| Log of bully sum | 3.1 | 12.0 | <.0005 | .227 |
| Money | −0.37 | −3.4 | <.0005 | .023 |
| Black | 1.8 | 2.3 | .02 | .011 |
| Hispanic | 0.31 | 0.24 | .81 | .000 |
| Asian or other | 0.51[a] | 0.64 | .52 | .001 |
| White | 0[a] | ... | ... | ... |
| Married | −1.09 | −2.6 | .008 | .014 |
| Once married | −0.85 | −1.2 | .242 | .003 |
| Never married | 0[a] | ... | ... | ... |

[a]This parameter is set to zero because it is redundant.

## LIMITATIONS

A limitation to this study is that the findings were not stratified according to type of work setting or regional differences. Hence, it is unknown whether there are differences in bullying behavior between urban or rural settings, tertiary care versus community hospitals, or between types of hospital units.

Another limitation is that in attempting to predict the effects of bullying on intent to leave the organization, this instrument did not control for all factors that are known to predict turnover behavior. Job satisfaction is a complex concept with many factors including autonomy, routine, organizational structure, and promotion opportunities as component parts. A single item cannot adequately measure a concept as complex as job satisfaction.

Although the response rate to this study was adequate at 54.4%, there were 429 nonresponders to the survey. Questions regarding the bullying experiences of individuals who chose not to respond still remain. This remains an unanswered question and a significant limitation to this study.

## DISCUSSION

Bullying had a greater effect on intent to leave than other independent variables in the regression model. As bullying behavior increased, so did the nurse's intention to leave. Bullying was a stronger predictor ($B = 3.1$) than satisfaction with salary ($B = -0.37$). This is similar to Quine's[45] finding that those experiencing bullying reported higher scores on the propensity to leave scale. McKenna et al[28] found that 34% of first-year nursing graduates in New Zealand considered leaving nursing as a consequence of horizontal violence.

There were no statistically significant differences in the bully score for those newly licensed RNs and those who held their nursing license for more than 36 months. The nurses in this sample that had more than 36 months' nursing experience were newly licensed in Massachusetts, but ranged in years of experience from less than a year to 35 years. It is impossible to determine whether these nurses were more of a target for bullies than other experienced nurses because they were unfamiliar with local and regional mores and not fully acculturated, or if there really is no difference in bullying behaviors between those newly licensed nurses and more experienced nonmanagerial nurses. Additional investigation is needed to include a more representative sample of experienced nurses to determine whether there is truly no difference between these groups.

Does this research support the theory that nurses are an oppressed group and bullying is a consequence of that oppression? Examples of behaviors described as horizontal

violence are found throughout the NAQ-R, such as being humiliated or ridiculed, repeated reminders of your errors and mistakes, withholding information that affects your performance, being exposed to an unmanageable workload, spreading of gossip and rumors about you, having accusations made against you, and being shouted at. This congruence between behaviors described by Duffy[35] as horizontal violence and the NAQ-R give evidence that bullying is a type of horizontal violence.

Nursing has become increasingly technological over the last half century but technical skill does not equate with control and power. Nurses still struggle for autonomy, power, and control over their practice. This lack of autonomy and sense of powerlessness can turn into hostility; this hostility is, at times, directed against colleagues. Taylor[46] writes that such behavior is adaptive because it consists of displaced attempts at gaining power in helpless situations.

Duffy further contends that many nurses are not aware that these behaviors are examples of horizontal violence. "They may reject the notion with statements like, 'This is typical of bitchy females working together,' implying that such behaviors are typically female."[35(p9)] Such comments denigrate both women and professional nursing.

This research supports the theory that nurses are still an oppressed group using bullying as a strategy to deal with that oppression. The theory of oppression has demonstrated utility to the study of bullying among nurses. However, workplace bullying is a complicated and multifaceted problem. It remains unknown what other factors, such as gender and relationships in and outside of work settings, may contribute to bullying behavior.

Results of this study indicated that many nurses seem to be unaware of being bullied in the workplace. This finding is consistent with those of Einarsen[47] and Mikkelsen and Einarsen,[48] who suggest that, when the prevalence of bullying is assessed on the basis of subjective awareness of the experience, underreporting is to be expected. This disparity may be explained, in part, because Americans are not familiar with the concept of workplace bullying and thus cannot identify experiencing such behavior. In accordance with the theory of oppressed group behavior, oppressed persons often do not realize that they are oppressed.[49] Respondents in this study seem to recognize that bullying behavior inflicted on others more easily than they do on themselves. This lack of awareness is problematic, particularly when attempting to design effective interventions to reduce bullying. For any antibullying strategy to be effective, the first step is to increase awareness among all nurses.

At a time when there is a worsening nursing shortage that is expected to grow even more severe, the problem of bullying among nurses must be confronted with effective policies, sending a strong message that this behavior will no longer be tolerated. One nurse aptly commented, "A negative work environment kills the spirit and makes professional nursing a nightmare." Nurses have a responsibility to change the culture and foster an environment that nurtures and inspires rather than flagellates and humiliates those entering the profession. The time is long overdue.

## REFERENCES


1. Quine L. Workplace bullying in NHS community trust: Staff Questionnaire Survey. *BMJ*. 1999;318: 228–232.
2. Farrell GA. From tall poppies to squashed seeds: why don't nurses pull together more? *J Adv Nurs*. 2001;35:26–33.
3. Lewis MA. Bullying in nursing. *Nurs Stand*. 2001;15: 39–42.
4. US Department of Health & Human Services. *Preliminary Findings the Registered Nurse Population: National Sample Survey of Registered Nurses March 2004*. Washington, DC:

Health Resources and Services Administration; 2002.
5. Staw BM. The consequences of turnover. *J Occup Behav*. 1980;1:253–273.
6. Cavanagh SJ. Nursing turnover: literature review and methodological critique. *J Adv Nurs*. 1989;14:587–596.
7. Tai TW, Bame SI, Robinson CD. Review of nursing turnover research. *Soc Sci Med*. 1998;47:1905–1924.
8. Cope D. Staff turnover rates affect hospital costs. *Clin J Oncol Nurs*. 2003;7:378.
9. Johnson D. Retention may be key to nurse shortage. *Health Care Strateg Manage*. 2001;19:2–3.
10. Borda RG, Norman IJ. Factors influencing turnover and absence of nurses: a research review. *Int J Nurs Stud*. 1997;34:385–394.
11. Price JL, Mueller CW. *Professional Turnover: The Case of Nurses.* New York: SP Medical & Scientific Books; 1981.
12. Irvine DM, Evans MG. Job satisfaction and turnover among nurses: integrating research findings across studies. *Nurs Res*. 1995;44:246–253.
13. Seybolt SW. Dealing with premature employee turnover. *J Nurs Adm*. 1986;16:26–32.
14. Mobley WH, Horner SO, Hollingsworth AT. An evaluation of precursors of hospital employee turnover. *J Appl Psychol*. 1978;63:408–414.
15. Landstrom GL, Biordi DL, Gilles DE. The emotional and behavioral process of staff nurse turnover. *J Nurs Adm*. 1989;19:23–28.
16. Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*. 2002;288:1987–1993.
17. Vahey DC, Aiken LH, Sloane SP, Vargas D. Nurse burnout and patient satisfaction. *Med Care*. 2004;2(suppl):1156–1166.
18. Waldman JD, Kelly F, Arora S, Smith HL. The shocking cost of turnover in health care. *Health Care Manage Rev*. 2004;29:2–7.
19. Rambur B, Palumbo MV, McIntosh B, Mongeon J. A statewide analysis of RNs' intention to leave their position. *Nurs Outlook*. 2003;51:182–188.
20. Shader K, Broome ME, Broome CD, West ME, Nash M. Factors influencing satisfaction and anticipated turnover for nurses in an academic medical center. *J Nurs Adm*. 2001;31:210–216.
21. Ames A, Adkins S, Rutledge D, et al. Assessing work retention issues. *J Nurs Adm*. 1992;22:37–41.
22. Larrabee JH, Janney MA, Ostrow CL, Withrow ML, Hobbs GR Jr, Burant C. Predicting registered nurse job satisfaction and intent to leave. *J Nurs Adm*. 2003;33:271–283.
23. Seymour E, Busherhof JR. Sources and consequences of satisfaction and dissatisfaction in nursing: findings from a national sample. *Int J Nurs Stud*. 1991;28:109–124.
24. Janssen PP, de Jonge J, Bakker AB. Specific determinants of intrinsic work motivation, burnout and turnover intentions. *J Adv Nurs*. 1999;29:1360–1369.
25. Farrell GA. Aggression in clinical settings: nurses' views. *J Adv Nurs*. 1997;25:501–507.
26. Keashly L. Emotional abuse in the workplace: conceptual and empirical issues. *J Emotional Abuse*. 1998;1:85–117.
27. Brodsky CM. *The Harassed Worker.* Toronto: DC Heath & Co; 1976.
28. McKenna BG, Smith NA, Coverdale JH. Horizontal violence: experiences of registered nurses in their first year of practice. *J Adv Nurs*. 2003;42:90–96.
29. Cortina LM, Magley VJ, Williams JH, Langhout RD. Incivility in the workplace: incidence and impact. *J Occup Health Psychol*. 2001;6:64–80.
30. Cox HC. Verbal abuse in nursing: report of a study. *Nurs Manage*. 1987;18:47–50.
31. Fanon F. *The Wretched of the Earth.* New York: Grove Press; 1963.
32. Freire P. *Pedagogy of the Oppressed.* New York: Continuum; 2000.
33. Roberts SJ. Oppressed group behavior: implications for nursing. *ANS Adv Nurs Sci*. 1983;5:21–30.
34. Clifford PG. The myth of empowerment. *Nurs Adm Q*. 1992;16:1–5.
35. Duffy E. Horizontal violence: a conundrum for nursing. Collegian. 1995;2:5–17.
36. Einarsen S, Raknes BI. Harassment in the workplace and victimization of men. *Violence Vict*. 1997;12:247–263.
37. Benner P. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice.* Upper Saddle River, NJ: Prentice Hall; 2001.
38. Dillman DA. *Mail and Internet Surveys: The Tailored Design Method.* New York: John Wiley & Sons; 2000.
39. Einarsen S, Hoel H. The Negative Acts Questionnaire: development, validation and revision of a measure of bullying at work. Paper presented at: 10th Annual European Congress on Work and Organizational Psychology; 2001; Prague, Czech Republic.
40. Leymann H. The content and development of mobbing at work. *Eur J Work Organ Psychol*. 1996;5:165–184.
41. Cammann C, Fichman M, Jenkins GD, et al, eds. *Intention to Turn Over; the Experience of Work: A Compendium and Review of 249 Measures and their use.* New York: Academic Press; 1981:95.
42. Cammann C, Fichman MG, Jenkins Jr. D, et al, eds. *Assessing the Attitudes and Perceptions of Organizational Members; Assessing Organizational Change: A Guide to Methods, Measures and Practices.* New York: Wiley; 1983:71–138.
43. Hildebrand DK. *Statistical Thinking for Behavioral Scientists.* Boston: Duxbury Press; 1986.
44. Tabachnick BG, Fidell LS. *Using Multivariate Statistics.* 4th ed. New York: Harper Collins College Publishers; 2001.

45. Quine L. Workplace bullying in nurses. *J Health Psychol*. 2001;6:73–84.
46. Taylor B. Identifying and transforming dysfunctional nurse-nurse relationships through reflective practice and action research. *Int J Nurs Pract*. 2001;7:406–413.
47. Einarsen S. Harassment and bullying at work: a review of the Scandinavian approach. *Aggress Violent Behav*. 2000;5:371–401.
48. Mikkelsen EG, Einarsen S. Bullying in Danish worklife: prevalence and health correlates. *Eur J Work Organ Psychol*. 2001;10:393–413.
49. Roberts SJ. Nurse executives in the 1990s: empowered or oppressed? *Nurs Adm Q*. 1997;22:64–71.