



# The Bullying Aspect of Workplace Violence in Nursing

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## A B S T R A C T

*Workplace violence is becoming an issue that all organizations must be aware of. In healthcare organizations, these behaviors, especially that of bullying, are detrimental and affect staff, patients, and outcomes. Healthcare organizations that do not address this issue and instill measures to prevent it will soon see the effects that bullying and other forms of workplace violence can create: those of toxic work environments. Because bullying and other forms of workplace violence have become so prevalent, organizations such as The Joint Commission have addressed the need for healthcare organizations to address the issue. This article examines bullying, the most common type of workplace violence, and nursing, the profession where bullying most often occurs. Theories about why it exists and suggestions on how to prevent it and maintain a healthy workplace will be discussed.*

Going to work should be a productive, fulfilling, and somewhat enjoyable experience, especially because a great amount of time is spent at the workplace. In healthcare organizations, nurses, physicians, and other essential staff put in long hours caring for patients and family members who

are in need of quality care. However, there is a threat to this productive, fulfilling work experience that produces this quality patient care. It is called workplace violence, and it is spreading like a “superbug” through our healthcare organizations. Bullying is the most common form of workplace violence, and it is especially

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The authors thank Dr Mickey Parsons and Dr Brenda Jackson for their encouragement, support, and input for this publication and for their efforts as mentors and instructors in the graduate program at the University of Texas Health Science Center at San Antonio.

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prevalent among nurses. Healthcare organizations must become aware of what this behavior entails to prevent this behavior from creating a toxic work environment.

An international workplace survey was conducted in 2008 to assess how healthcare workers perceived employee safety in their work environment. One thousand three hundred seventy-seven respondents representing every region in the United States and 17 other countries including Taiwan, Afghanistan, and Saudi Arabia claim that they do not perceive employee safety as a priority in their work environment. The majority of the respondents (92.8%) were female licensed registered nurses (RNs), with 80% working within a hospital setting. More than 73% of the respondents to this survey reported that workplace violence is experienced occasionally, and 19% stated that it occurred frequently. Eighty percent of the respondents stated that they reported witnessing a nursing colleague subjected to workplace violence, and 56% reported to have been victims of workplace violence. Nursing colleagues comprised 51 percent of the perpetrators of the violence, second in line to patients, the most common perpetrators of violence (53.2%).<sup>1</sup> Why are these numbers in this survey important? They are important because they are representative of a current, out-of-control trend that is occurring in healthcare not only in the United States, but also all over the world where healthcare organizations exist.

Workplace violence is detrimental to the dynamics of healthcare and has become an issue that can no longer be ignored. The type of workplace violence that seems to be on the rise is nurse bullying. It is becoming increasingly prevalent among nurses in the healthcare settings and is creating outcomes that are dangerous to healthcare organizations, the nursing profession, and to patient care. *Workplace bullying* is defined as

repeated, health-harming mistreatment of one or more persons by one or more perpetrators that takes one or more of the following forms: verbal abuse; offensive conduct/behaviors (including nonverbal) which are threatening, humiliating or intimidating; and work interference—sabotage—which prevents work from getting done.<sup>2</sup>

The intent of this behavior may or may not be intentional, but that does not change the fact that it negatively impacts those directly and indirectly involved with the behavior. "Bullying is publically belittling or finding fault with others; it is inherently societal and organizational in that bullies must be supported by workplace culture."<sup>3</sup> Bullying has been identified to have degrees of intensity that range from physical acts to verbal insults and isolation. Bullying behavior is subjective to the individual on the receiving end, but the behavior in itself is always unwanted and "is intimidating, humiliating, offensive, and embarrassing."<sup>4(p240)</sup>

## Description of the Behavior

Bullies within nursing exhibit the same general characteristics as bullies in other organizations; their acts are delib-

erate and usually intent on discrediting the victim. Bullies tend to be deceitful and sly and are commonly referred to as "two-faced." Their acts undermine their victims and put them in a position of disadvantage. Their acts are usually in the form of verbal abuse and isolation of the victim. The bully will interfere with work practices and offer continual criticism, sarcasm, and fabrication of complaints, setting the victim up for failure with the intentions of demeaning the victim and destroying his or her confidence. Such acts are gradual and harmful. They often occur "behind closed doors" where no witnesses can observe. The bully is constantly aware of the damage he or she is inflicting and will continue to disparage the victim to gain control and power. The time frames for bullying behavior vary in length, ranging from months to years.<sup>5</sup>

## Description of the Aggregate

In nursing, bullying can be demonstrated from management to subordinates or peer-to-peer (horizontal violence). Nurse managers are usually seen as the principal perpetrators of bullying within the profession. When bullying is being demonstrated by managers to their subordinates, the behavior is suggestive of managers who lack personal power and who then misuse their rightful power by becoming abusive.<sup>4</sup> Such managers abuse the authority relationship because of their own personal insecurities, identified as poor interpersonal skill development, low self-esteem, and inadequate competencies. Because they were promoted "beyond their experience and ability,"<sup>6</sup> they are insecure and intensely concentrated on protecting their position and/or furthering their career at any expense.

Several factors that foster bullying behaviors include occupational stress, difficult working conditions, unresolved conflict, lack of leadership, and oppression.<sup>3</sup> Regarding nurse-to-nurse bullying, Leiper<sup>7</sup> identifies several theories to explain this horizontal violence. She states that nursing is an oppressed discipline with a strict hierarchy. Nurses at the bottom of this hierarchy may feel inferior, so they behave aggressively toward peers or subordinates to relieve built-up tension because of the fact that they cannot fight against their oppressors. Low self-esteem is another theory Leiper proposes. She states that because most nurses are women, studies show regularly that women have lower self-esteem than men and undervalue their work and themselves. People with low self-esteem tend to get angry easier, manage their anger poorly, and take it out on others. Easy targets are another reason why horizontal violence exists. New nurses and students are easy targets for aggressors because of their own insecurity and the unfamiliarity of the work environment. Their dependence on the staff makes them vulnerable, thus easy targets. The problem with this is that new nurses who are victims of this type of abuse may internalize it as a norm within the profession and eventually become bullies in their own right.

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## Significance of the Issue

In a literature review, the following facts seemed to be significant on the issue of bullying. Of all types of aggression that nurses encountered (patient-to-nurse, nurse-to-visitor, physician-to-nurse, and nurse-to-nurse), nurses reported that the most distressing type of aggression to deal with is nurse-to-nurse aggression. It was identified many times over that nursing is a female-dominated profession; 50% of all bullies are women; and women bullies target other women 84% of the time.<sup>8</sup> This information is significant because bullying within nursing usually occurs between women. Is this related to the fact that it is a female-dominated profession? Or that 50% of bullies in general are women? Perhaps more research can determine this. Until then, the following information will substantiate how this issue is significant on other levels.

Bullying arises from organizational cultures that tolerate violence in the workplace.<sup>4</sup> When management and peers do not set limits on bullying behavior, the organizational climate changes and, in time, subconsciously supports this behavior.<sup>3</sup> Organizations that do not address this issue are creating huge problems not only for themselves and other employees, but also for the victims of the tolerated behavior. A range of stress reactions can have major physical, psychological, and even financial impacts on employees who are victims of bullying. Victims can experience a great deal of anxiety and depression, as well as posttraumatic stress disorder (PTSD).<sup>9</sup> Victims reported losing their self-confidence, self-esteem, sense of worth, and belief in their competency. They went on to state that they felt "demeaned, inadequate, helpless, and physically ill, often describing the experience as 'psychological terrorization' and even 'emotional rape.'"<sup>4(p243)</sup>

The physical effects reported by victims of workplace violence, especially horizontal hostility, include irritable bowel syndrome, migraines, hypertension, allergies, asthma, arthritis, fibromyalgia, decreased immune system response, and cardiac arrhythmias, which increase the risk of myocardial infarction.<sup>8</sup> Emotional effects are usually less obvious, but nonetheless important, and include poor concentration, forgetfulness, loss of sleep, increased fatigue, indecisiveness, nightmares, and obsessive thinking about the bully.<sup>10</sup> The behavioral effects of bullying include smoking, excessive drinking of alcohol, drug taking, and overeating to cope with the anxiety and panic that occurs. It is noted that along with PTSD, premature death, suicide, and homicide could be outcomes of the most destructive aspect of bullying/workplace violence, which is internalization of the abuse. Many victims may even suffer relationship losses with spouses and children over the course of the abuse.<sup>6</sup>

Some financial effects for the victims are due to treatment for psychological problems stemming from the abuse. "Victims of bullying who suffer PTSD can take 4-5 years to recover, and some never do."<sup>4(p243)</sup> Personal financial costs can also come from litigations against the organization or the bully by the victim. The

costs are very high when litigation is pursued, but it is uncommon due to the unwillingness of the victims to be in the public spotlight and their avoidance of lengthy litigation processes.

The effects of bullying also impact other employees, especially witnesses. Witnesses who reported feeling sorry for the target showed increases in stress levels, were worried about becoming a target themselves, were fearful of taking action, changed jobs to avoid the problem, worked harder in the hopes that they would not become a target, and sometimes, though rarely, joined in on the bullying.<sup>6</sup> Bullying also affects the work environment by decreasing morale, increasing job dissatisfaction, increasing mistrust, and reducing support received from staff and superiors.<sup>8(p12)</sup>

Organizations pay significant costs when they allow for bullying and other forms of workplace violence to exist in their culture. They spend large amounts of money in relation to this issue as a result of high rates of absenteeism, loss of productivity, recruitment costs, rehiring costs, payouts, and legal fees. In the United States, it is estimated that it costs between \$30 000 and \$1 00 000 for each person subjected to bullying in the workplace.<sup>11</sup> It is also stressed that a subtle but long-lasting effect of workplace violence is in the reinforcement of a fear-based culture.<sup>4</sup>

The issue of bullying among nurses has created such a stir and has become so significant that it is now being addressed by The Joint Commission because of the effects it has on patient safety and quality of care. The Joint Commission issued a standard effective January 2009, which denotes that

hospitals, nursing homes, home health agencies, laboratories, ambulatory care facilities, and behavioral health facilities must have a code of conduct in place that determines which behaviors are tolerated and which are not, and creates a formal procedure for managing any unacceptable behavior.<sup>12(p13)</sup>

Eleven suggestive actions are given by The Joint Commission on the new code of conduct, one of which requires nurse involvement. This new standard will affect accreditation and is supposed to be taken seriously by healthcare organizations.<sup>12</sup> This new standard reflects how bad the situation has become in our healthcare settings. Especially because nursing requires quality teamwork, and a direct cause and effect of bad behaviors on patient outcomes is not always obvious. If nurses are dissatisfied with their jobs because of the work environment, they don't want to go to work or be fully engaged. This leads to an unstable and disengaged workforce and ultimately poor patient care conditions.<sup>9(p6)</sup>

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## Background/Historical Origin

In nursing, it is not uncommon to hear the phrase "nurses eat their young." This statement insinuates that

a form of nurse bullying, especially that of horizontal violence, has been around for some time. So, why do nurses eat their young? Why can't we work together and reap the benefits of being colleagues who share and collaborate to expand on ideas that make our profession better? Were we set up to be pinned against each other from the start? The oppression theory will be explored to try to answer this question and bring to light a very daunting subject.

Bartholomew<sup>8</sup> discusses that nursing was founded in a patriarchal society and was and still is composed mostly of women. She states that the nursing profession was set up from the beginning to assume a subordinate role. She continues that women had very little rights at the time and nursing provided them with a chance to "stand on their own."<sup>8(p26)</sup> But in order for this profession to be acceptable, and since women would be caring for men who were strangers, nursing was depicted as a "calling" or "God's work" and were viewed as angels of mercy. And we all know that angels do not get mad. Expectations were developed from the new model that nurses were expected to meet, such as nurses were consistently caring, nurses reject their own needs and work long hours for little reward, nurses never complain, and nurses are always subordinate and speak only when spoken to.

Paulo Freire is the theorist who coined the term "horizontal violence." It came about in 1972 to explain the conflict that was ongoing in colonized African populations. His observations were that an imbalance of power always resulted in the formation of a dominant group and a subordinate group. He theorized that whenever there are 2 groups and 1 has more power than the other, oppression occurs when the values of the subordinate culture are repressed by the dominant culture. He stated that because the subordinate group was coerced to reject their own values and ideas to maintain those of the dominant group, feelings of inferiority resulted. And as members of the inferior group acted out their feelings of self-hatred on one another, internal conflict began to spread.<sup>8</sup>

In 1983, Sandra Roberts, PhD, RN, FAAN, noted that nurses displayed many of the characteristics of an oppressed group, such as low self-esteem, self-hatred, and feelings of powerlessness. She was the first to apply the oppression theory to nursing.<sup>8</sup>

Bartholomew states that the idea that nursing is an oppressed discipline and the origins of its oppression can be traced back to gender issues and is substantiated by significant literature. Because medicine is physician (male) dominated, who else to be oppressed by the predominantly male physicians but the predominantly female nurses? And because times have changed and more is expected out of nurses, including the original expectations noted above, it seems only natural that with the increased stresses, pressures, and expectations within our profession, hostility will arise and, unfortunately, we tend to take it out on each other.

## Analysis of the Evidence

Workplace violence within healthcare is not new, especially the bullying aspect of it against nurses. The most common form of workplace violence among the nursing profession is bullying. It is often underreported, and the damages of workplace bullying are far-reaching and include stress-related illness, increased absenteeism and sick leave, and deterioration in quality of staff relations and patient care. In the healthcare setting, nurses have become victims of violence in the workplace and have fallen victim to bullying by patients and physicians, but surprisingly enough, "bullying within nursing is primarily intraprofessional."<sup>5</sup>

In 2008, an international qualitative study using surveys showed that the majority of victims of workplace violence are women and account for 92.8% of the national average. In the healthcare setting, nurses are reportedly the main victims of violence in the workplace and report being subjected to verbal abuse, bullying, harassment, and, in some instances, even physical contact. The survey also reflected that nearly 80% of surveyed nurse leaders have experienced some form of violence within the work setting; more than 83% are older than 36 years, and 80% work within a hospital setting that operates between 101 and 500 beds.<sup>1</sup>

The Bureau of Labor Statistics found that 48% of all nonfatal injuries from occupational assaults happened to nurses and their assistive personnel within a hospital setting. Nurses are 16 times more likely to experience abuse than are other healthcare professionals.<sup>13</sup> The 2008 international survey supports that approximately 22 of every 1000 nurses have fallen victim to workplace violence.<sup>1</sup> Verbal rather than physical forms of violence appear to be more common in healthcare settings.

The types of workplace violence that are most common are as follows: intimidation, which is the highest and accounts for 75.9%; angry outbursts are second and accounts for 71.9%; threatening/disruptive behavior accounts for 64.4%; bullying accounts for 59.8%; and harassment was reported as 51.6% of workplace violence. From a nursing standpoint, intimidation, angry outbursts, and threatening/disruptive behavior can be utilized as forms of bullying and should be categorized under "bullying" criteria.<sup>1</sup>

Although the majority of perpetrators of bullying are patients (53.2%), an alarming percentage of abuse happens between nursing colleagues (51.9%), while physicians account for 49% of bullying or other types of workplace violence.<sup>1</sup> The top 3 areas of bullying and other forms of workplace violence have been reported to occur in medical/surgical units, intensive care units, and the emergency department (ED). The lowest occurrences of bullying are reported to occur in the areas of maternal/child health, psychiatry, and the operating rooms.<sup>13</sup> In knowing this information, it is interesting to see that bullying occurs more in the areas of nursing that are fastpaced and high stress, as in the emergency

department and medical/surgical floors, and is less likely in areas where there may be more of a steady pace, such as in psychiatry and the operating room. In any instance, the statistics of violence in the workplace are a reality that affects nurses on all levels in many countries. And in this reality, safety in healthcare does not really exist anymore.

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## Theoretical Perspective for Recommended Intervention

Healthcare organizations need to be proactive in protecting their staff from associated conflicts healthcare personnel may encounter while on the job. There is mounting evidence that unhealthy work environments contribute to medical errors, ineffective patient care, interdisciplinary conflict, and stress among healthcare professionals.<sup>14</sup> Creating and maintaining a healthy work environment is a priority for healthcare facilities in response to The Joint Commission's goal of seeking to control behaviors that contribute to hostile and unhealthy work environments among healthcare workers and to close the gap on the nursing crisis by enhancing nursing staff retentions and improving quality patient care.<sup>15</sup>

The theoretical perspective used for recommended intervention is the theory of human behavior. It is described as a theoretical perspective for understanding human behavior to explain why people behave as they do and considers the framework for establishing and leading effective teams as well as building strategies.<sup>16</sup> The theory is made of 3 broad perspectives: the psychoanalytical perspective, the environmental perspective, and the social learning perspective. The psychoanalytical aspect emphasizes unconscious motive as a component of personality. Our behavior is considered to be an interplay between conscious and unconscious desires. The environmental view is concerned with reinforcement, imitation, and socialization. It contends that one's development is influenced by their individual experiences. This theory is the basis for understanding how certain aspects of reward and punishment influence behavior. The influences of peer group pressure on behavior support this theory. The social learning aspect suggests that behavior is the outcome of an interaction between the environment stimulus and the personality makeup of the individual. It asserts that both the environment and personal characteristics such as personality, culture, and intelligence influence a person's behavior. It explains how the impact of certain environments upon a person's behavior depends upon their values and goals.<sup>16</sup>

Human behavior is not the only perspective that needs to be addressed in the subject of intervening on bullying. One must also understand the context in which human behavior is occurring and how "it," in this instance the environment of healthcare, influences human behavior. To understand the complexities of the healthcare environment, evaluation of culture, of the organiza-

tion, and of individual units must also be considered. Nursing in healthcare is very diverse, and along with this diversity, one must take into account the diversity of the population of nurses in healthcare. The framework used to understand cross-cultural practice issues in nursing is Madeline Leininger's culture care diversity and universality theory. Her theory helps understand organizational culture. She defines *culture* as "shared and transmitted values, beliefs, norms, and lifeways of a group, which are generally transmitted intergenerationally and influence one's thinking and action modes."<sup>17</sup>

An examination of a theoretical model in developing a healthy workplace environment to promote positive behavioral norms includes Parsons' Health Promoting Organizations model. This model provides a framework to guide interventions for promoting healthy work environments. It is based on organizational characteristics of Magnet hospitals and interventions to promote collaboration and communication to enhance patient care and improve the work environment through involving staff in organizational and clinical decision making.<sup>18</sup> The key concepts in this framework are shared leadership, participatory management, and empowerment. Parsons identifies 3 behavioral norms to include norms for communication, norms for positive attitudes, and norms for accountability. In utilizing these concepts of her model, successful research was conducted that showed how to improve work environments in healthcare organizations that participated in her studies. Her studies suggest the positive aspects of developing innovative ways in planning and implementation of team behavioral norms in creating healthy work environments and the resultant increased satisfaction among patients and the nursing staff.<sup>19</sup>

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## Recommendation for Interventions Pertinent to Administrative Practice

It is easy for nurses to become the victims of workplace bullying. The healthcare environment often is a playground for nurses to become a target of aggression directed at them by aggressive patients, families, and other healthcare professionals.<sup>9</sup> Healthcare leaders and managers in hospital settings must take a proactive role in creating and sustaining a safe, high-performing hospital culture for all workers and foster support for excellence in nursing practice. Management plays a key role in protecting their nurses from becoming victims of any workplace violence, but especially that of bullying. Daly et al<sup>16</sup> suggest that managers can play a leading role in controlling workplace bullying/horizontal violence by recognizing that the institution's structure and climate may contribute to the problem, and in recognizing this communicate strong support for their nurses. This means that they take a stand on issues, inspire, challenge, listen, advise, coach, and have a positive vision.

One step recommended by The Joint Commission is to adopt a zero tolerance policy for intimidating and/or disruptive behaviors and to incorporate this into medical staff bylaws and employment agreements as well as administrative policies.<sup>12</sup> This includes citing physicians who yell, curse, or demean staff as a matter of daily course. Fining physicians or even suspending them can help curb this urge to bully and send a strong message about how administration views this behavior.<sup>13</sup>

Healthcare managers and leaders must take an active role in the work environments by role modeling professional behaviors. Encouraging open communication and having an *open-door policy* that allows staff to voice concerns without fear, intimidation, or retaliation may help decrease and prevent conflict from arising in their work areas. Also, offering support and being engaged in the daily activity of the workplace shows involvement and availability to the staff. Management and leadership help set the tone for establishing a positive workplace in which all members are treated with respect. Nursing leaders can be strong advocates for staff by being risk takers in the development of healthy work environments.<sup>20</sup> By setting standards and fostering the type of environment encouraged above, empowerment and teamwork will manifest to allow that type of healthy workplace to occur where respect and support for one another is valued and is a behavioral norm.

## Recommendations for Nursing

Nurses can stop the cycle of violence by refusing to be a victim. Gaining control of the situation and support from management are ways to achieve this. Other ways of drawing attention to the situation are keeping a log of incidents including names of witnesses, confronting the aggressor in a nonthreatening manner with a witness and making it clear that his or her behavior is offensive and must stop, and making formal written complaints. If the aggressor is the supervisor or manager, following the recommendations of the organization's human resources department is the most appropriate way to address the situation. Professional advice from a lawyer or legal consultant can also be sought, but probably as a last resort. Before legal action is taken, reporting the incident is encouraged, and an attempt to solve the issue within the organization should be made.<sup>17</sup>

The National Labor Relations Act and the Occupational Safety & Health Administration (OSHA) give individuals the right to report incidents without losing their jobs or suffering other reprisals. Under the General Duty Clause, Section 5(a) (1), of the Occupational Safety and Health Act of 1970, employers must provide their employees with a place of employment that "is free from recognizable hazards that are causing or likely to cause death or serious harm to employee."<sup>13</sup>

Nurses make up the backbone of healthcare and should play an integral part in setting the standard for how interactions between each other and other dis-

ciplines occur. Therefore, nurses have a great responsibility for promoting a healthy work environment by adopting positive behavioral norms. We must lead by example, treat each other with respect, constructively learn to manage conflict, and develop collaborative ways of working.

## Conclusion

The healthcare setting is made up of a diverse group of people with different personalities, values, and cultural and ethnic origins. Therefore, it is important to understand the factors that influence the behavior of staff, colleagues, and patients. Personal characteristics such as personality, intelligence, values, and cultures all have an effect on the behavior of people in the workplace. Managers are sometimes seen as "getting things done through other people," and understanding people is a prerequisite for operating effectively as a manager. Being aware of our own strengths and weaknesses and those of others, and knowing how to develop or use this knowledge is helpful not only in organizations, but also in our personal interactions with others.

Nurses, in particular, work in an environment where caring is the main concept of their practice. Their duties frequently require them to manage situations where extreme emotions govern behavior. Setting boundaries and standards for individual behavior may seem micromanagerial in some ways; however, it is obviously necessary for everyone to understand that their actions and behavior affect others around them. And holding them responsible for acting responsibly sends the undertone that respect, collaboration, and professionalism is not an option, it is a standard. A standard which reflects who nurses are as professionals, who nurses are as individuals, who nurses are as a team, and ultimately, who nurses are in healthcare. Nurses must lead by example, teach by example, and nurture by example to break the bullying cycle. The day we learn to treat our own with dignity and respect is the day that significant positive change and collaboration can take place within our profession.

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