CULTURALLY SENSITIVE INTERVENTION FOR BULLYING IN NURSING WORKPLACE AS DERIVED FROM THE VOICES OF FILIPINO NURSES

BENJAMIN JOEL L. BREBONERIA
Doctor in Nursing Science

A qualitative approach was used in this study to explore Filipino nurses' thoughts and experiences about workplace bullying. Also, the study was made for the basis of the development of an intervention that is sensitive to the major features of the local culture to address workplace bullying among Filipino nurses. The participants are the staff nurses working in selected tertiary hospitals in the Philippines who have stories to tell about their personal and witnessed experiences with workplace bullying. Written narratives, unstructured interviews, and investigator field notes were utilized in this study. In addition, the field notes served to document observations, thoughts, feelings or memories that may inform or have an impact on the study. From the synthesized responses expressed by the participants, workplace bullying is viewed as repeated infliction of harm, offensive, insulting, humiliating, degrading, oppressing, and violation of rights by the perpetrator affecting the victim's physical and emotional state, morale and dignity, thereby, undermining affectivity and productivity at work. The results also revealed that majority of the participants expressed the lack of trust and support from nurse supervisors and other nurses, interpersonal conflicts and job demands emerged as the root causes of bullying. Among the recommendations to reduce workplace bullying include assertive communication, standing up for oneself and sensitivity to feelings of others, playing the game, increased awareness on bullying, creating workplace policies and committees on bullying.

INTRODUCTION

Workplace bullying is a phenomenon that is currently drawing considerable attention globally. It is known that it can happen to anyone in any workplace in the health care profession such as nursing. In support of such claim, it has been noted that it can affect the physical, psychological, and well-being of nurses because it might have an effect in the organization as a whole. Hence, it has an impact on job satisfaction, productivity and morale, which can result to a compromised patient-care quality (Lowenstein, 2013; Broome and Williams-Evans, 2011).

Watson (2008) theorized that nursing is widely known to be built on the principle of nurturing and caring for the sick. Ironically, however, nursing as a caring profession struggles with bullying. Evidently, the nursing profession has its share of bullies who discredit the profession. Authors such as Fox (2006) indicated that in general, there are those nurses who failed at caring for themselves or for each other and there are nurses who have shown proficiency at taking care of others such as their patients.

The intention of the researcher behind this study was to learn about the bullying phenomenon that exists in the Filipino nursing workplace and the emotional perspectives of those people who experienced bullying in the workplace. In the researcher's experience, he tends to dwell on that reasons that seemed to have made us forget about "caring", not just for the patients, but among his colleagues. For him, bullying is considered as a "silent epidemic" in the nursing profession.

Authors have defined workplace bullying as repeated inappropriate behavior conducted by one or more persons against another or others at the place of work and/or in the course of employment (Task Force on Prevention of Workplace Bullying, 2001); repetitive abuse, threats, humiliating or intimidating behavior or behaviors by the perpetrator (Center for American Nurses, 2007; Felblinger, 2008; Longo & Sherman, 2007; Murray, 2008). However, Johnson (2009) emphasized that there is no concrete definition of bullying that exists. Felblinger (2009) and Hutchinson (2009) believed that workplace bullying overlaps to some

degree with workplace incivility as it tends to encompass more intense and typically repeated acts of disregard and rudeness. Beale (2001) mentioned that it goes beyond incivility. For authors such as Rayner & Cooper (2006), the intent of harm in bullying is less ambiguous, an unequal balance of power is more salient, and the target of bullying feels threatened, vulnerable and unable to defend himself or herself against negative recurring actions.

In the global perspective, bullying in the healthcare workplace has been recognized and continues to be a pressing issue. While this is true, there is still a culture of silence in many institutions around the globe, perpetuating under reporting and insufficient and unproven interventions.

It was explained in different studies that cultural structures can enable, trigger, and reward bullying (Lutgen-Sandvik, Tracy, & Alberts, 2007). Gelfand, Erez, & Aycan (2007) supported this claim and mentioned that to enhance understanding of workplace bullying, cultural context should be relevant and necessary. Different authors have conducted such studies and found that bullying can be due to workers' perceptions (Ireland, 2006) and national culture (Moayed, Daraiseh, Shell, & Salem, 2006).

In the Philippines, it is widely known that Filipinos have a non-confrontational way of dealing with conflicts. Hence, they have the tendency to prefer conflict avoidance and do not discuss issues openly. A study by Agorilla & Llanto (2011) showed that the Filipino workplace culture is characterized by the following: an overlap between personal and work endeavors which proves to be critical because unresolved issues bring forth tension and dissonance in the workplace and affects organizational behavior and performance. Additionally, the Philippines workplace culture is somewhat tainted by "red tape", "office politics", "whom you know" system, and silent doctrines of tenureship between the veterans and the newly hired employees. These practices could pave way to workplace bullying that is mostly evident among the managers down to the staff. This hierarchical "policy" can give an opportunity to the perpetrator commonly the supervisors to harass and bully their victim.

As a researcher, this phenomenon is a very difficult issue to delve in to, but we can turn the mirror to ourselves and explore why bullying exists in a profession that is supposed to stand for "caring". Given the severe impacts of bullying in the nurse's workplace and the management's early intervention effects to the avoidance of such, it is important to study the matter and to maintain an intervention of high-quality that is sensitive to the Filipino workplace culture. With the lack of studies that focus on bullying in the nursing workplace specifically in the Filipino nurses' perspective, Escartin, et al. (2010) suggest that knowing precisely what employees think constitutes workplace bullying; hence, it should be considered when dealing with workplace bullying. The disruptive behaviors associated with bullying must be identified and so as those interventions that are sensitive to the major features of the local culture must be highly considered.

Theoretical Framework

This study was anchored on the Oppressed Group Behavior Model conceptualized by Freire(1972). The model stressed that oppression happens when there are two aggregations and the other has more power. Matheson & Bobay(2007) in the same light, the healthcare establishment had traditionally rendered nurses to be powerless and oppressed as this is predominantly a female profession, hence, leading to the notion that nurses is a marginalized and oppressed group. Holen and Salin (2003) noted that nurses become more prone to workplace bullying when the workplace is being restructured and downsized, consequently bringing organizational pressures for nurses due to increased workloads. Lewis posited that management can be a direct cause of bullying since managers may also bully employees and adopt bullying tactics as part of their strategies to get their employees to work harder (Hutchinson et.al., 2005).

Statement of the Problem

This study explored what Filipino nurses think that constitutes workplace bullying which served as a basis for developing a culture sensitive intervention.

Specifically, this study aimed to answer the following questions:

1. What is workplace bullying as perceived by Filipino nurses?

2. What are the Filipino nurses' personal stories with workplace bullying?

3. What recommendations do Filipino nurses give to address workplace bullying?

4. What interventions on workplace bullying may be derived from Filipino nurses' stories and recommendations?

METHODOLOGY

Research Design

The study used qualitative approach to inquiry particularly narrative analysis. Narrative analysis or inquiry is the study of stories. Narratives are perceived as the major unit representing human experience (Clandinin, 2013).

In this study, personal and witnessed experiences of nurses with workplace bullying were explored through their stories. This design was selected because it provided greater understanding of the individual nurse experiences with bullying in the workplace. Results of narrative analysis were the bases for the development of an intervention that is sensitive to the major features of the local culture to address workplace bullying among Filipino nurses.

Participants of the Study

The study utilized purposive and snowball sampling techniques in obtaining the research participants. Research participants had to meet the following criteria: staff nurses working in selected tertiary hospitals in the Philippines regardless of their years of tenure or years of experience; those who have stories to tell about their personal and witnessed experiences with workplace bullying. There were 18 participants in the study who were reached either personally, through phones and through their facebook and emails.

Instrumentation

Written narratives that provide background information about the participants, their perceptions about workplace bullying, summarizing personal and witnessed stories about workplace bullying and their recommendations to address bullying. Unstructured interviews were conducted to substantiate the written narratives and to clarify some questions. Field notes were taken during the interview to record body language or other contributing factors that were not reflected in the recording. The personal reflections of the investigator for each participant were also included in the field notes separating own values and beliefs, eliminating biases to their unique responses.

Data Gathering Process

In the data gathering process, the researcher was guided on how to do a research sensitively and considered ethical and methodological issues in the investigation. Informed consent was secured from participants prior to data gathering.

Data Analysis

To retell the stories of the participants, the researcher transcribed the individual interviews. Each interview was interpreted using Riessman's (2008) method of narrative analysis. The stories were not fragmented and each was protected as a whole. The researcher review the raw data several times looking for common patterns or themes. In the process, data from field notes were also integrated.

In creating the meta-story or the short narrative, the text created from ten (10) stories were also analyzed using content analysis (Sandelowski, 2000).

After identifying the major categories and patterns, a thematic content analysis was conducted making comparisons, noting patterns and explanations, after which each pattern was analyzed leading to sub-themes and finally major themes.

RESULTS AND DISCUSSION

Participants' Perception on Workplace Bullying

The following are the experts on the participants' reception on work place bullying:

Based on the written narratives, the participant 1 perceived that: (1) Bullying is form of oppression, that, when someone is oppressing his or her colleagues, especially when a senior employee oppresses his or her junior employee; (2) Bullying deteriorates self-esteem. Bullying affects the person in so many levels-from the quality of his work to the silence of his home; and (3) Bullying is a part of the Filipino culture. In the hospital, bullying is a culture; it is too common that it becomes a lifestyle.

Participant 2 perceived that bullying are: (1) foul words thrown against a person with or without him knowing; (2) assigning denigrating nicknames; (3) backstabbing or talking behind else's back; (4) verbal innuendo or shouting; and (5) Trash talks or gossiping.

Participant 3 believed that one is bullied if he is the center of teasing, gossiping or harsh words to the point of humiliation. It also means that you are being oppressed by others, being limited to a certain corner because you are inferior. Uttering derogatory words in public, overrule of seniors and pre-judgment or labeling are instances of workplace bullying.

Participant 4 believed that bullying is a violation against someone's rights. For her, bullying comes in 4 faces, namely: over-delegation, gossiping, isolation and name-calling.

Participant 5 believed that bullying is overcoming inferiority. His intelligence made him an object of bullying since the bully does want somebody to greater than him.

Participants' Personal Stories on Workplace Bullying

Based on participants' personal stories and researchers' witnessed stories captured during the conduct of unstructured interviews,

participants felt that workplace bullying is present in hospital setting as evidenced by the following: (1) the bosses excessively monitor their work; (2) when there are felt humiliations, put downs and personal conflicts among their colleagues; (3) when colleagues hide of medical equipments and medicines; (4) unfair treatment from superiors; (5) invasion of personal space and privacy; (6) threatening behaviors; (7) creating fights; and (8) the angry doctor throwing the stethoscope. The participant admitted that workplace bullying had a great impact to her as a nurse. Her enthusiasm has been lost, going to work has been so hard for her so much so that when she day off for her brings a feeling of relief. Every time she was in work, she wanted her shift to end. There was a certain amount of fear every time she went to work, a fear to commit mistakes.

Participant 2 having a weak personality has experienced the fury of bullies. He was tagged best in NPI (Nurse-Patient Interaction) and was coined sluggish. He was also called "babalu" due to his physical appearance.

Participant 3 was re-assigned to another work area leading her to feel outcast. Seniority and unfair treatment, and blocking career path were experienced.

Participant 4 experienced over-delegation, victim of gossips, isolation, and calling names.

For participant 5, bullying experience for him is a class of different personalities and seniority rules. Bullying is a vicious cycle of violence. Bullying situations are rarely dealt with thus, no policies to this effect were in place.

Participants' Recommendations to Address Workplace Bullying

The participants recommend for team building activities among nurses. As such could be a bonding session for them. Since workplace bullying is a culture, initiatives to break the culture should come from top management. Seminars on bulling and work ethics should be conducted. A grievance committee where employees can air their bullying experiences should be created.

Implications to Nursing Administration and Policy Makers

This study demonstrated that existing policies related to behaviors of staff nurses were not instituted by the nursing administration. The absence of policies revealed in the tertiary hospitals included in this study serves as a wake-up call for the nursing administration from the middle level management such as head nurses and supervisors to top level management in the nursing hierarchy such as assistant chief nurses and chief nurses. The Code of Conduct was not enforced. As required by the Joint Commission, these policies have to be clarified, distributed, and upheld in order to have impact. In addition, there must be an organizational commitment in resolving behavioral issues including identifying models for interventions, supportive policies, surveillance tools, review processes, multi-level training, and a commitment of resources to promote professionalism and interdisciplinary respect (Hickson, Pichert, Webb, & Gabbe, 2007).

The culturally sensitive intervention and model developed in this study is a great starting point for the nursing administration to delve in such issues. Due to the absence of workplace violence policies in the Philippines, policies that take a proactive stance to address hostile work environments would fill a huge gap and may serve as an eye opener for further inclusion in the law that may have an impact to hospital organizations in the Philippines.

In this study, the staff nurses felt disrespected by the nursing administrators and mentioned them as perpetrators for bullying in the workplace. This study implies that nursing administrators involve nurses and other front line staff in initiatives to improve the quality and efficiency of care delivery, shifting their vision of nursing.

Staff nurses in this study also did not feel being heard or valued by the nursing administration. This also implies that listening and valuing input from staff at all levels may improve relations and provide opportunities for open dialogue and true problem solving (Needleman & Hassmiller, 2009). This requires a commitment not only of resources, but a commitment to cultural change by all, from staff on the front lines to those in the highest levels of the nursing administration.

Once the bullying phenomenon has been recognized and acknowledged, the next step is for nursing administration to gain an understanding of the personal, cultural and environmental influences that surround these negative behaviors in the nursing workplace.

Implications to Nursing Practice

Health care organizations in the Philippines need to create a healthy working environment as one of their priorities because nurses and other health care professionals cannot work effectively in an environment that is unsupportive and morally demeaning. In the Philippines, the hospital workplace situation in the country needs rethinking. Such, rethinking is timely, not only as a response to the development aims of the Department of Health to improve workplace conditions but to advocate the culture of safety in the workplace for the professionals that will push the boundaries.

The findings of this study are resonators of the statement above. The culturally sensitive model of workplace bullying provides a concrete understanding of the bullying phenomenon in the Filipino nursing workplace. The knowledge of the antecedents, bullying conducts and behaviors, impacts, and adaptive responses can serve as bases for the organizations either to intervene or prevent the processes behind it.

In the nursing sector, national organizations for nurses such as Association of Nursing Service Administrators of the Philippines (ANSAP) should develop advocacy programs and should take a huge step in disseminating information about the devastating effects of workplace bullying to all nursing administrators and practitioners in the entire country since the organization is composed of nursing administrators, chief nursing officers, and chief nurses of private and public health institutions. Taking workplace bullying as one of their nationwide campaign will serve as an eye opener to nurses at all levels and may reflect its excellence as one of the renowned and longstanding professional organization for nurses in the Philippines. On the other hand, the Philippine Nurses Association (PNA) may also advocate as one of the premiere association for nurses in the Philippines. Programs may be advocated through inclusion of the concept of workplace bullying in their

regular seminar and educational programs. They may also advocate for publication of researches on workplace bullying to inform the nurses in the national level.

Nurses, as one of the members of the health care team are in the best position to notify the management to prevent the bullying phenomenon in the workplace. The developed culture-sensitive intervention is a good start for nurses to open their eyes in understanding workplace bullying. With increased awareness and sensitivity, nurses may somehow monitor their own behaviors, or assist their colleagues to recognize if they experience such phenomenon. Understanding and identifying particular incidences when nurses are most vulnerable to experience negative behaviors may motivate them to reduce the degree of bullying incidence, stand up for their rights, and become assertive in their behaviors.

Hospital institutions also need to provide ongoing education to all staff that increases awareness on workplace bullying, provide clear guidelines, and encourage reporting for behaviors affecting communication, teamwork, and patient safety to satisfy the advocacy of the Department of Health – Philippines in improving workplace conditions and preventing workplace violence.

Implications to Nursing Education

This implied that the culture-sensitive model and intervention for bullying in the Filipino nursing workplace has a wide range of knowledge that can offer particularly in teaching future nurses. Further education in the occurrence of workplace bullying and focus on improving professional and communication competencies to be integrated in the nursing curriculum need to begin in nursing school.

Organizations such as the Association of Deans of Philippine Colleges of Nursing (ADPCN) may lead to the initiative of enforcing advocacy programs and campaign on promoting zero tolerance for bullying with the assistance of the Deans on a nationwide level by incorporating this concept in the nursing curriculum. Through their vision of excellence in nursing education both on a national and global level, searching for trends and solutions for global phenomenon such as

bullying in a profession that is supposed to stand for caring should be one of their major initiatives.

From the Filipino nurse's code of ethics, nurses are trained to become patient advocates but are not taught on how to advocate for themselves, colleagues, work environment, and their profession. More emphasis on the code of nurses should be advocated by Association of Deans of Philippine Colleges of Nursing (ADPCN) in the nursing schools to produce nurses with the highest values for patients, themselves, and their colleagues. It is also an expectation from organizations such as the International Council for Nurses (2012) that nurses should not only advocate for their patients but advocate for themselves for healthy workplaces.

With the constant change in the health care system, the nursing education sector will need to prepare new nurses to work in environments where they have responsibility for process improvements (Needleman & Hassmiller, 2009). In the Philippine workplace setting, they may have to advocate for involvement in process improvement as well. The culture-sensitive intervention may help the nurses enhance their knowledge in resolving behavioral issues and communication problems in their workplaces. Educational opportunities and support have benefits beyond giving nurses skills that they can bring back to their units. Whether the skills learned are related to any concept such as bullying, educational opportunities such as this have been identified as a vital factor for nurse satisfaction (Upenieks, 2003).

Implications to Nursing Research

While some studies and strategies implemented have paved way in overcoming bullying in the standpoint of nurses, the outcomes of these studies may still not be enough to address the said phenomenon properly. This implies that there is still an urgent need to address such concern through conducting more researches, which involves implementing and evaluating strategies specifically designed to respond to the phenomenon of bullying in the nursing workplace particularly in Philippine workplace situations. These initiatives maybe influenced

on a great extent by the Philippine Nursing Research Society (PNRS) by advocating nurse researchers to conduct more researches and develop management strategies and interventions that may lead to more evidence-based outcomes. This is to enforce further the development of national policies that will benefit not just the nurses but the Philippine healthcare sector as a whole.

Due to the limited number of evidence currently available about the best practices for the management of bullying behaviors, only few effective strategies can be derived such as the culture-sensitive intervention developed in this study. Specifically, there are no documentations on health workers and leaders in taking action to minimize and eliminate bullying in the workplace. Furthermore, this study aimed to broaden the perspective not only of nurses but also of other health care professionals that raising or respecting the employee's morale, dignity and providing a positive working environment are vital factors in their productivity and in rendering effective and quality patient care. This study would serve as a benchmark and an attribution in the field of nursing research to continue the revolution of nursing holistically as a dignified profession.

CONCLUSION

Workplace bullying is evident in the nurses' workplace in the Philippines. Bullying among nurses in the Philippines is influenced by the unique culture of the Filipinos. An intervention crafted within the Filipino cultural context has the potential to address hospital bullying problem that may cripple the nurses' professional advancement.

The bullying phenomenon in the Filipino nursing workplace goes unchallenged because the workplace culture and characteristics tacitly support it which makes the experience more disastrous on the part of the victims. It was evident that several negative impacts such as emotional responses lead to effects that are physical, psychological, and work related in nature. The capacity of the nurses to provide quality nursing care to patients is in jeopardy and satisfaction is decreased if this continues. The nurses who experienced bullying conducts and behaviors seem to adapt to the

situation due to positive behaviors. This is a unique characteristic of Filipinos in adapting to any kind of environment and not to surrender or to resign from their current jobs.

Filipino nurses are aware of the problem, yet there is a culture of silence and that nurses do nothing to get rid of this bullying phenomenon. The lack of policies and resources in the Filipino nursing workplace leads to the development of the culture sensitive intervention that is highly supported in the literature. The intervention is quite a good start and a strong way to address this bullying phenomenon by educating staff nurses and assisting hospital organizations in implementing policies intended to prevent its devastating effects.

The nursing profession as a whole must regain its central core of caring to openly acknowledge the existence of bullying in the workplace to a healthy nursing work environment that fosters professionalism, patience and acceptance of differences rather than a culture of hostility that perpetuates the cycle of bullying.

RECOMMENDATIONS

Based on the findings and conclusion of the study, the following recommendations are drawn:

Disseminate the results of the study on the culture-sensitive intervention and model to both government and private hospital nurses to increase awareness and to serve as eye opener for nurses and nursing administrators. The findings may also be forwarded to nursing organizations such as the Philippine Nurses Association (PNA) and Association of Nursing Service Administrators of the Philippines (ANSAP) that may advocate for programs and campaign about workplace bullying on a national level.

The Department of Health and National Policy makers, may recognize the effects on bullied nurses, patient care, as well as in the work environment. In this way, it would motivate them to become proactive in addressing the phenomenon through policy making, education that creates awareness and improve communication and conflict resolution

skills. These policies may define expectations and processes, and may be in place to address behavioral deviations from expected norms, which must be modeled by all employees, from the top management to the employees.

The initially conducted culture-sensitive consciousness-raising intervention may be tested to a larger group of participants to further improve the contents and its effectiveness to Filipino nurses working in hospital institutions.

To future researchers and the Philippine Nursing Research Society (PNRS) further research may give emphasis on the aspects of effective self-coping methods and adaptive responses to assist nurses in minimizing the negative impacts of bullying and to develop proven effective ways of coping for bullied nurses.

To future researchers and the Philippine Nursing Research Society (PNRS), a culture-sensitive survey tool or instrument for determining the incidence of bullying conducts and behaviors in the Filipino nursing workplace may be developed to determine the seriousness of the problem and to generalize the findings to other hospital institutions in the Philippines.

To the Department of Health and hospital administrators in the country, a wide range of educational interventions are needed to be available in several forms such as leaflets or posters to be placed in conspicuous places of the hospital as a constant reminder that bullying is not tolerated and that is aimed towards creating an environment that is bully free.

To the Association of Deans of Philippine Colleges of Nursing (ADPCN) and nursing educators in the country may take action to strengthen educational programs and give more emphasis on concepts such as caring, workplace bullying impacts, and the code of ethics for Filipino nurses. These topics may be incorporated in the micro-nursing curriculum on a consistent manner to mold new nurses into professionals with high values for the patients, themselves, and most especially for

their colleagues.

Although the data contained in this study are significant, a similar study may be conducted that will include participants such as the nurse bullies and nurse managers. Additional study is also recommended by increasing the number of participants to further validate the result of the findings and the culture-sensitive model for bullying in the nursing workplace that has so much impact on nursing practice, nursing education, and nursing research.

References

Agorilla, M. A., & Llanto, G. M. (2011, March 27). *The Filipino workplace culture*. Retrieved from http://www.pressreader.com/philippines/philippine-daily-inquirer/20110328/284425620506545.

Beale, A. V.(2001). *"Bullybusters": Using drama to empower students to take a stand against bullying behavior.* Professional School Counseling, 4(4), 300-308.

Broome, B. S., & Williams-Evans, S. (2011). *Bullying in a caring profession: Reasons, results and recommendations*. Journal of Psychosocial Nursing 49 (10), 30-35.

Escartin, J., Zapf, D., Arrieta, C., & Rodriguez-Carballeira, A. (2010). *Workers' perception of workplace bullying: A cross-cultural study*. European Journal of Work and Organizational Psychology, 0(00), 1-28. DOI: 10.1080/13594320903395652.

Felblinger, D. M. (2008). *Incivility and bullying in the workplace and nurses' shame responses*. Journal of Obstetrics, Gynecologic & Neonatal Nursing, 37(2), 234-242. doi: 10.1111/j.1552-6909.2008.00227.x.

Flynn, G. (1991, August 1). *Stop toxic managers before they stop you*. Retrieved from http://www.workforce.com/1999/08/01/stop-toxic-managers-before-they-stop-you/.

Fox, J. (2006). *Taking a stand and making a difference*. British Journal of Nursing, 15(9), 482-483.

Gelfand, M., Erez, M., & Aycan, Z. (2007). *Cross-cultural organizational behavior*. Annual Review of Psychology, 58, 479–514.

Ireland, J. L. (2005). *Bullying Among Prisoners: Innovations in Theory and Research*. Devon, UK: Willan Publishing.

Johnson, S. L., & Rea, R. E. (2009, March). *Workplace bullying: concerns for nurse leaders.* The Journal of nursing administration 39(2):84-90.

Longo, J. (2007). *Bullying in the Workplace: Reversing a Culture.* Silver Spring, Maryland: Centre for American Nurses.

Longo, J. & Sherman, R. (2007). *Leveling horizontal violence*. Nursing Management.

Lowenstein, L. F. (2013). *Bullying in nursing and ways of dealing with it*. Nursing Times 109 (11), 22-25.

Lutgen-Sandvik, P., Tracy, S. J. and Alberts, J. K. (2007). Burned by Bullying in the American Workplace: Prevalence, Perception, Degree and Impact. Journal of Management Studies, 44: 837–862. doi:10.1111/j.1467-6486.2007.00715.x.

Matheson, L. K., & Bobay, K. (2007). *Validation of oppressed group behaviors in nursing*. Journal of professional nursing. Retrieved from http://www.professionalnursing.org/article/S8755-7223(07)00024-5/abstract.

Moayed, F. A., Daraiseh, N., Shell, R., & Salem, S. (2006). *Workplace bullying: A systematic review of risk factors and outcomes*. Theoretical Issues in Ergonomics Science, 7(3), 311–327.

Rayner C, Hoel H, Cooper CL (2002). *Workplace Bullying: What We Know, Who is to Blame, and What Can We Do?* London: Taylor and Francis.

Salin, D. (2003). *Ways of Explaining Workplace Bullying: A Review of Enabling, Motivating, and Precipitating Structures and Processes in the Work Environment*. ACAS Research Paper 03/06, London: ACAS.

Task force on the prevention of workplace bullying (2001). *Report of the Task Force on the Prevention of Workplace Bullying*. Dignity at work: The challenge of workplace bullying. Dublin: Health and Safety Authority. Retrieved from https://www.djei.ie/en/Publications/Publication-files/Report-of-the-Expert-Advisory-Group-on-Workplace-Bullying-2005-.pdf.

Watson, J. (2008). *Nursing: The philosophy and science of caring (Rev. ed.)*. Boulder, Colo. : University Press of Colorado, c2008.