

Nursing Leaders to Address Workplace Bullying

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ABSTRACT

The letter centers around a recent study published in the Malaysian Journal of Nursing, titled "Workplace bullying among nurses in Singapore: A quantitative survey," which sheds light on nurses' experiences regarding workplace bullying. The study deserves praise for its insightful look at nurse workplace bullying. This study calls for serious reflection because it undermines our caring professionals. This study also shows that nursing leaders can improve the workplace. What can nurse leaders do to help? This commentary will focus on two salient strategies that could assist nurse leaders in mitigating bullying: having the knowledge, skills, and confidence to identify bullying and prioritizing targeted support.

Keywords: *Nursing Leaders; Workplace Bullying; Leaders*

Dear Editor,

The letter focuses on a recent study in the Malaysian Journal of Nursing that illuminates nurses' accounts of workplace bullying, entitled "Workplace bullying among nurses in Singapore: A quantitative survey" by Hosier *et al.* (2023). The study should be commended for its insightful exploration of workplace bullying among nurses. They propose that nursing leaders play an active role, as they are in a position of power to promote a positive work environment and mitigate workplace bullying. This suggestion is worthy of serious consideration; it is, after all, a longstanding threat to our caring professionals. Hosier *et al.* (2023) also stated that this study highlights that nursing leaders are in a position of power to promote a positive work atmosphere. However, what can nurse leaders do to help? This commentary will focus on two salient strategies that could assist nurse leaders in mitigating bullying: having the knowledge, skills, and confidence to identify bullying and prioritizing targeted support.

First and foremost, a nurse leader must have the knowledge, skills, and confidence to identify bullying behaviors. The evidence suggests that leaders can effectively prevent workplace bullying but must first learn how to identify it. This can be achieved through targeted and ongoing education for nurse leaders on what makes up bullying, the importance of preventing it, and the expectation that all leaders will take accountability for stopping bullying (Luca *et al.*, 2024). With this knowledge, they can also focus on early interventions essential in bullying situations since individual nurses being targeted may have few coping abilities, and nurses may also predominantly choose negative coping strategies (João & Portelada, 2023). With the learned skills, leaders are expected to communicate openly with their teams, facilitate conflict management, and develop cohesive climates that foster support and teamwork (Yin *et al.*, 2022). This is followed by nurse leaders' confidence to discuss workplace bullying openly and challenge any unacceptable form of bullying behavior. I am reminded of the observation made by Jonsson and Muhonen (2022) that to address bullying at work effectively, two areas of concern must be resolved: firstly, the passive role played by bystanders, primarily colleagues and managers, and secondly, the influence of organizational factors on the bystanders' ability to intervene actively. Fear of negative repercussions, ignorance of the situation, the excuse of bullying behavior, and the bystander's non-affiliation with the dominant group are some of the reasons. These factors signify that leaders must possess the confidence to act despite having received training in conflict management. By characterizing bullying as unacceptable, we make it clear that such behavior will never be tolerated.

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Just as importantly, nurse leaders must prioritize providing targeted support, which entails focusing on commitment to provide a safe and respectful working environment for nurses consistently. Targeted support may also require leaders to anticipate the vulnerability of individuals experiencing bullying or at risk of bullying. This can be achieved through interventions such as continuous monitoring of staff socialization in the ward and reverse mentoring, with senior team members taking time to sit down and hear feedback from junior colleagues. Subsequently, the leaders must also openly encourage staff to report instances of bullying, no matter to what degree, at the earliest opportunity. However, it is crucial to receive positive support for such reporting and to set aside any doubts.

In summary, Hosier *et al.* (2023) provides an ominous glimpse of how bullying persists even in environments that embrace kindness. This critical study serves as a wake-up call that our profession has much work to do to address such animosity, which demands organizational-level interventions that increase support for nursing leaders and nurses. Workplace bullying is a non-negotiable issue, so it would not suffice to urge nurses to be morally courageous and resilient. We must accept that the absence of transparent measures to address workplace bullying can only result in a failure of professional accountability. When it comes to health care, bullying has no place, and nurses and other stakeholders need to do their part to change the culture (Edmonson & Zelonka, 2019). Everyone, especially those in management, has varying degrees of importance in addressing workplace bullying to help nurses continue to provide professional care in a harmonious and respectful work environment.

Note: No hospital data was collected in the writing of the paper, which is entirely based on the author's reflections on the subject.

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