

Special Article

Bullying: The Antithesis of Caring Acknowledging the Dark Side of the Nursing Profession

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Abstract

The act of professional caring is vital and serves many purposes; healing for the patient, growth for the nurse, and professionalism for the discipline. To truly understand and appreciate caring as the essence of our humanity and our professional expression within our practice, as nurses we must acknowledge the darker side when caring is absent; the antithesis of caring or uncaring. Workplace bullying reflects an uncaring encounter which has become more visible and prevalent over the years. Bullying in the workplace is characterized as the on-going health or career endangering mistreatment of an employee, by one or more of their peers or higher-ups and reflects the misuse of actual and/or perceived power or position that undermines a nurse's ability to succeed or do good, or leaves them feeling hurt, frightened, angry or powerless (American Nurses Association, 2015). As nurses, both individually and collectively, we have a responsibility to demand the creation of healthy workplace environments in which to ensure the expression of caring remains part of our nursing practice. Healthy workplace environments will initiate caring encounters between peers, as well as between nurses and patients; recognizing that everyone benefits. The essence of caring must be nurtured and valued by the nursing profession for it to continue to develop and flourish.

Key words: bullying, caring, nurse, patient, profession, reflection, workplace environments

Bullying: The Antithesis of Caring

Acknowledging the Dark Side of the Nursing Profession

Caring has historically, culturally, and socially been embedded in the development of the nursing profession (Roach, 2002; Watson, 2005). Caring is the quality that constitutes our very nature of being human reflecting the authentic criteria of humanness (Roach, 2002) and is reflected in our relationships with each other (Boykin & Dunphy, 2002). The act of professional caring is vital and serves many purposes; healing for the patient,

growth for the nurse, and professionalism for the discipline (Halldórsdóttir, 1991; Roach, 2002; Watson, 2005). However, the essence of caring must be nurtured and valued by the nursing profession for it to continue to develop and flourish. To truly understand and appreciate caring as the essence of our humanity and our professional expression within our practice, as nurses we must acknowledge the darker side when caring is absent; the antithesis of caring or uncaring. There are three main purposes for this paper. The first is to articulate the importance of caring in our nursing practice. Secondly, for

nurses to understand the negative aspects of the antithesis of caring; which for the purposes of this paper will be defined as uncaring. Finally, the authors will describe how bullying threatens the presence of caring and continues to jeopardize the very mandate that nurses are tasked with; the care and protection of their patients.

Background

Caring

Caring Defined

Caring, derived from the Latin word *nutricius*, reflects nourishing (Chitty, 1993) and has become an essential expression of our professional interactions with our patients and colleagues. While caring is not unique to nursing, it is unique IN nursing subsuming all the attributes of a human helping profession (Roach, 2002). Nursing, as a helping profession, is performed by individual nurses in relation with their patients; therefore, the onus to enact caring encounters becomes a responsibility of the individual. This professional relationship, grounded in caring, creates a venue for the appreciation of human health experiences (Newman, Sime, & Corcoran-Perry, 1991) and is achieved when nurses recognizes themselves as a source of values and strength which epitomizes the caring experience (Watson, 1979).

Cultivating caring encounters with others requires the nurse to attain epistemological, ontological, and moral knowledge. Watson (1990) calls for the inclusion of caring knowledge into nursing's metaparadigm of person, environment, health, and nursing; recognizing that caring cannot be experienced without context. Caring reflects trust, intimacy and responsibility, all elements deemed essential to sustain professional relationships (Brilowski & Wendler, 2005) while allowing for a deeper exploration of the patient's reality (Gadamer, 1988). Caring, as a moral ideal of nursing, is defined as an attitude, an intention, and a commitment that manifests itself in the nurse's approach and encounter when directly involved with their patient (Tanking, 2010). As the expression of caring occurs in relationship, it is the nurse's responsibility to develop moral

maturity through critical self-reflection (Sumner, 2010) thereby, facilitating an opportunity for shared discovery of meaning. This co-creation of a caring relationship which embodies genuine presence, compassion, respect, and the essence of our humanity foster meaning and value for the patient and the nurse, as well as the nursing profession.

Caring enacted

For the patient

A moment of caring is the "heart-centered encounters with another person when two people, each with their own "phenomenal field"/background come together in a human-to-human transaction that is meaningful, authentic, intentional, honoring the person, and sharing human experience that expands each person's worldview and spirit leading to new discovery of self and other and new life possibilities" (Watson, 2008, p.34).

Caring reflects supportive-comfort measures and of the timeless ways of instilling faith and hope in one who is already experiencing vulnerability and suffering (Watson, 1979). Alleviating suffering and decreasing vulnerabilities, is the aim of caring encounters, in the context of preserving and safeguarding life and health (Erickson, 2002) while empowering the patient (LeMonidou, Papathanassoglou, Giannakopoulou, Patiraki, & Papadatou, 2004), regardless of the circumstances (Barker, Reynolds, & Ward, 1995).

Intrinsically, the essence of being cared for fosters a belief in the patient where they feel understood, accepted, and capable of moving towards a more mature level of growth and functioning (Watson, 1979). Caring reflects a nurse's respect, dignity, and understanding of a patient's individual meaning and experience of their health and illness (Melnechenko, 2003); one most often only best understood by the patient themselves. Caring is also attributed to many positive health outcomes for the patient such as an increase in well-being and satisfaction (Merrill, Hayes, Lory Clukey, & Curtis, 2012); expedited recovery times (Doran et al., 2002); positive mental health (Doran et al., 2002); and an overall increase in quality of care (van der Singel, 2014).

For the nurse

The act of nursing reflects a commitment to connect at the core of one's being with another (Roach & Maykut, 2010). Caring provides an important avenue through which the nurse can connect and reflect on their own humanity while effectively and maintaining their inter-subjective perspective (Barker et al., 1995) which results in substantial development of their personal and professional personhood (LeMonidou et al., 2004; Schoenhofer, 2002; Smith & Godfrey, 2002). Caring not only enables nurses to gain access to new knowledge in the form of historical and philosophical sources that deal with human life (Eriksson, 2002), but embodying caring encourages a growth of their experiential knowledge; translucent to the art of nursing and building upon and magnifying a nurse's pattern of esthetic knowing (Hagedorn, 2004; Watson & Smith, 2002). This esthetic way of knowing symbolizes a nurse's ethic, practice, and inquiry (Lewis, 2003) and is essential for nursing (Newman, Sime, & Corcoran-Perry, 1991). Such knowledge manifests itself through the nurse's ethic of care and provides guidance in how a nurse thinks, feels, and acts in their practice (McIntyre, 1995) and may even promote self-actualization (Vandenhouten et al., 2012).

For the profession

Nursing has been defined as the "body of knowledge that is related to the study of caring in human health that encompasses both the science and art of nursing" (Monti & Tingen, 2006, p. 27). Caring is essential to the creation of professional relationships; nurses must be knowledgeable and current in their caring practices in which to create trusting relationships with their patients (Brilowski & Wendler, 2005). An environment which espouses caring reflects a visible high regard for the dignity of human beings, and thus reflects recognized standards of practice (Canadian Nurses Association, 2004). Further, this type of environment fosters respect and shared commitment in relationships amongst healthcare professionals thereby facilitating healing for patients (Felgen, 2004); encouraging and creating the same growth in ourselves as professionals (Watson, 1979), while providing direction to nursing practice, research and theory development (Polifroni & Packard, 1993).

When caring is absent

Although caring as an essential concept in nursing practice continues to be debated, the absence of caring is duly noted in the literature especially when referenced to patients (Halldórsdóttir 2007, 2008; Halldórsdóttir & Hamrin, 1997; Wiman & Wikblad, 2004) and between nurses (Curtis, Bowen, & Reid, 2007; Embree, & White, 2010; McKenna, Smith, Poole, & Coverdale, 2003).

Rowell (2005) suggests there is a high prevalence of uncaring encounters towards others which reflects the antithesis of caring or uncaring; acknowledged as the dark side of our profession. These uncaring encounters and their consequences must be defined and examined within the context of the patient, the nurse, and the nursing profession.

Uncaring

Uncaring Defined

In the absence of caring, the nurse, patient and profession would experience much loss. Halldórsdóttir (1991) suggests that encounters are portrayed by the nurse on a continuum from caring to uncaring; ranging from caring or life-giving "biogenic" to uncaring or life-destroying "bioacidic".

Bioacidic encounters are inhumane, "... represented by violence in all its forms ... hurting, harming, or deforming the other" (Halldórsdóttir, 1991, p. 38).

These uncaring encounters do not honour or respect the humanness of the other which is so central to the ideology of caring for another. Uncaring may result in both direct physical harm and/or physical, spiritual, or emotional neglect. This mode of being "uncaring" is in direct contrast to the importance of caring encounters; intricately entwined with and needed for a patient's healing (Eriksson, 2002; Halldórsdóttir, 2008, 2007, 1991; Lewis, 2003), a nurse's self-development that reciprocally benefits the patient's growth (Felgen, 2004; Schoenhofer, 2002) and the profession's benchmark of standards and direction (McIntyre, 1995; Watson, 1979). Society and health care would be challenged to function without caring in nursing (Halldórsdóttir, 1991).

Uncaring Enacted

For the patient

Void of a nurse's caring presence, a suspected superficiality and coldness would prevail. As the nurse gets caught up in ritual mechanical tasks of equipment and monitors, an environment unconducive to healing would exist where technology is the focus instead of the caring encounter between nurse and patient. The previously attained therapeutic relationship achieved in the presence of caring would be unfulfilled, leaving a greater distance between the patient and the nurse with potential for a patient's increased length of stay (Davis, 2005), decreased empowerment (LeMonidou et al., 2004), decreased alleviation of suffering (Eriksson, 2002), and decreased respect and dignity (Felgen, 2004; Roach, 2002) from which the patient so often uses to heal and grow (Melnechenko, 2003). In the absence of caring, the nurse may have difficulty in trying to cross that threshold of personal space, sitting only on the perimeter of the patient's being, afar from that intimate professional closeness that helps achieve healing and growth, acting then as only a service to the patient's physical and medical needs (Felgen, 2004; Halldórsdóttir, 1991).

For the nurse

For the nurse, an absence of caring may infringe upon their professional identity which may impair their ability for self-awareness, professional satisfaction, as well as curtailing both personal and professional growth (LeMonidou et al, 2004; Smith & Godfrey, 2002; Watson, 1979). A practice not grounded in a caring science perspective may prevent a strong identification with values and ethics that often surrounded moral dilemmas, which in turn may compromise the nurse's ability to guide their practice and acquire pertinent knowledge. The bridge that caring creates between the nurse and the patient would collapse and thus interfere with the bonding and sharing of existential experiences the nurse identifies with the patient, a bridge that linked the nurse and patient and permitted a mutual growth for both (Halldórsdóttir, 2008).

For nursing students, who enter educational programs primarily to care for others, uncaring

encounters may be extremely detrimental for them as individuals and the future of the profession (Curtis et al., 2007). As new nurses emerge from the many colleges and universities around the world, it is their education, knowledge, training and experiences that will help set the future foundation of the nursing profession. If nursing education programs do not fundamentally aspire to actualizing caring encounters, learning may be sabotaged, leading to inappropriate and/or a lack of understanding of the importance of caring as the foundation of nursing (Ma, Li, Zhu, Bai & Song, 2013). Caring, as an expression of our humanity, allows for meaning in our work (Roach & Maykut, 2010) which may in turn sustain the profession.

For the profession

Caring, as expressive encounters in nursing practice, fosters ideal perspectives to pursue health through collaboration between patient and nurse (Halldórsdóttir, 2008). However, when uncaring occurs achievement of nursing's nationally recognized goals may be compromised, leaving little direction and support for how a nurse should practice, research, and interact with patients. In the uncaring encounter, a nurse's responsibility and accountability would be infringed upon (Brilowsky & Wendler, 2005); therefore, collaboration with other health professionals in an ethical, moral and caring manner to create an environment conducive to healing may be jeopardized (Gaut, 1992; Watson, 1979). Uncaring in our health systems, whether it is lack of support from peers or leadership as well as limited physical and human resources to deal with complexity and chronicity, results in challenges to both recruitment and retention in the nursing profession which has effects on the patient, the individual nurse, and the nursing profession (Hayes et al., 2011). This lack of support or visible uncaring encounters will be utilized to highlight the antithesis of caring, specifically bullying.

The Antithesis of Caring: Bullying

The Dark Side of Nursing

Nursing has and continues to struggle at length to clarify, accept and articulate the essence of caring in a way that would satisfy all nursing roles and embody all nursing knowledge and practice

(Finfgeld-Connett, 2008). However, it is ironic how the premise of caring that initially strengthened the nursing profession now experiences a threatened annihilation. The onus of enacting caring encounters lies with individual nurses. However, the ability to care is often challenged by external factors. Whether it is a result of organizational change, political bureaucracies, decreased morale, threatened personhood and/or generational cohort differences, a paradigm shift of the upbeat, altruistic demeanor and attitude of some nurses had deteriorated (Adams, 2015). These challenges have created a paradox in the nursing profession; the inability or the lack of desire to nurse from a caring perspective informed by knowledge. When the value of caring becomes challenged or lost in nursing it leaves room for uncaring encounters to flourish. Workplace bullying reflects an uncaring encounter which has become increasingly visible and prevalent over the years.

Bullying in the workplace is characterized as the on-going health or career endangering mistreatment of an employee, by one or more of their peers or higher-ups and reflects the misuse of actual and/or perceived power or position that undermines a person's ability to succeed or do good, or leaves them feeling hurt, frightened, angry or powerless (American Nurses Association, 2015). Further, it is the engaging of vexatious comments or conduct against a colleague in a workplace that is known or ought reasonably to be known as unwelcomed and the repeated, unreasonable or inappropriate behaviour that creates a risk to health and safety (Workplace Mental Health Promotion, 2013). This form of an uncaring encounter has consequences for both the nurse and the patient.

For the nurse

Workplace bullying is an uncaring encounter which produces negative and even detrimental consequences (Rosenstein & O'Daniel, 2006; Van der Cingel, 2014). Solfield and Salmand (2003) found that 98% of all health care staff that consisted primarily of nurses had witnessed bullying type behaviours; whereas Kusy and Holloway (2009) discovered that 94% of all healthcare leaders "had to deal with a toxic

person at work" (p.335). The presence of workplace bullying creates personal and professional costs to the nurse. The outcome of workplace bullying, unequivocally, parallels that of an uncaring health environment. Instead of the compassion, respect and dignity that caring would provide to patients, workplace bullying brings poor quality patient care and outcomes (Rosenstein & O'Daniel, 2006; Van der Cingel, 2014), increased medical errors (Rosenstein & O'Daniel, 2006), low patient satisfaction (Townsend, 2012), and increased operational costs through liability (Adams, 2015). However, a two-fold impact to include the nurse's own mental health and competent performance also occurs. A nurse, who is unwittingly and unknowingly robbed of their caring and compassionate attributes, creates an antecedent for perpetuating a lack of quality, safe and competent patient care.

As a direct consequence, uncaring encounters of the nurse may affect subtly and/or sometimes unknowingly their mental health. The personal attributes and demeanours sabotaged by workplace bullying and stolen from a nurse's ability to care are numerous, including low self-esteem (Embree & White, 2010; Nazarko, 2001). Randle (2003) defines self-esteem as individual's discernment of themselves, hence it is a major predictor of human behaviors and how people interact with others. As well as lower self-esteem there are a plethora of other physical and psychological consequences of uncaring including but not limited to: suppresses confidence (Nazarko, 2001), decreases self-worth (Randle, 2003), fosters feelings of non-appreciativeness (McKenna, Smith, Poole, & Coverdale, 2003), creates self-hatred (Embree & White, 2010), compromises mental well-being (Kusy & Holloway, 2010), causes depression (Embree & White, 2010; Rowell, 2005), encourages acute anxiety (Rowell, 2005), facilitates burnout (Thomas, 2005), promotes post-traumatic stress disorder (Rowell, 2005), and produces powerlessness (Embree & White, 2010). Physically, bullying drains every ounce of compassion, well-intentions, and altruism a nurse has to offer (Kusy & Holloway, 2010), as well as their motivation (Kusy & Holloway, 2010; Woelfle & McCaffrey, 2007), energy and work ethic (Woelfle & McCaffrey, 2007) to do good

and do no harm. In essence, it can destroy mentally and physically all that a nurse has and needs to be a competent, safe, compassionate individual who recognizes and honours the vulnerabilities and lives of others.

For the nursing student

Even amongst nursing students this disturbing trend of uncaring has emerged. Curtis et al. (2006) found greater than 50% of nursing students experienced and/or witnessed bullying during their clinical placements. So significant was this experience that 51% of these students indicated that it would affect their future career and/or their employment choices of what facility they would seek opportunities (Curtis et al.). This trend was also echoed by Randle (2003), who stated during nursing students' clinical placements and learning experiences, where bullying of colleagues and patients were frequent occurrences, beliefs around nursing as a caring and supportive profession began to be questioned. Nursing students came to believe that patients were no longer integral to their nursing practice. This process of professional socialization for nursing students occurred as their previous kind, caring and empathetic nature became quickly replaced by encounters, words, behaviours and attributes that perpetrated bullying antics.

Ma et al. (2013) highlight the experience of nursing students in clinical where their clinical experiences exerted a significant impact on the caring ability and behaviours of nursing students. For students who were completing clinical experiences and encountered instructors with negative or inappropriate attitudes and behaviours, or were too critically scrutinized for everything they did or tried to do without any positive feedback, were less like to understand the value of caring encounters themselves by what they witnessed in their role-modeling instructors.

Further, Ma et al. add that the differential between learning the idealism and importance of caring in nursing in theory and what was realistically seen and experienced in the clinical setting was significant and eye opening. As clinical experience is the pedagogy of translating knowledge into practice for nursing students and

the unison of bringing both together to learn the values and principles of caring and providing care in nursing. Van der Cingel (2014) adds that the compassion behind caring should be the "guiding principle for contemporary nursing education and practice" (p.1253).

For the patient

Bullying jeopardizes patient safety and care (Embree & White, 2010; Kusy & Holloway, 2010). Bullying interferes with teamwork, collaboration, and communication, the underpinnings of patient safety, all key essentials to the provision of accurate, timely, and efficient patient care. Nazarko (2001) suggests it is impossible to deliver compassionate, quality care if nurses are working in an atmosphere of fear, intimidation, and humiliation. Felblinger (2008) found that 25% of all health care workers believed that disruptive behaviours were positively correlated with patient mortality, and another 49% stated that intimidation by another practitioner resulted in medication errors being made.

Woelfle and McCaffrey (2007) state that "when tension is elevated in patient care areas, nursing staff are not likely to perform at their best and the result is often poor patient care" (p. 123).

Farrell (1997) adds that "impaired personal relationships between nurses at work can cause errors, accidents and poor work performance."

Even a drop in job satisfaction among nurses that prompts them to leave the profession, can often present as a 'who cares' attitude (Cortrina, Magley, Williams & Langhout, 2001; Quine, 2001).

Further, from a leadership perspective workplace bullying often causes nurses to experience damaged relationships (Embree & White, 2010), negative supervisory relations (Tepper, 2007), poor cooperation (Embree & White, 2010) and deficient communication among team members (Kusy & Holloway, 2010). Intimidation can influence communication in healthcare, and failed communication threatens patient safety. This incivility has a harmful effect on the safety of hospitalized patients, causing increased medication errors and decreased quality of care, which in turn negatively affects patient health

outcomes (Rosenstein & O'Daniel, 2006). So as a discipline how do we resolve uncaring encounters?

Addressing the Dark Side

If as suggested above, uncaring encounters occur as a result of a multitude of internal and external factors – then speaking about the dark side is necessary; we can no longer pretend it doesn't exist or is inconsequential. Watson (2005) suggests that it is caring that moves humans towards a deeper ethic of human belonging that affects all. Nurses whether in education, administration, or research must inform, address, and understand this phenomenon and create a safe place to challenge those practices which do not allow for the expression of caring. Individual nurses must, "... practice the art of caring when they reflect on their practice, not simply focusing on signs and symptoms but on the richer, deeper spiritual connections resulting from protecting, enhancing, and preserving a person's health" (Vandenhouten et al., 2012, p.327). The nurse through self-reflection of personal experiences enhances their ability to foster caring encounters in a more holistic dimension (Davis, 2005) and is compassionate towards self and others.

Compassion, an integral element of caring in nursing, is considered by many to be an "important phenomenon for nurses who want to emphasize the humane aspects of nursing care" (Van der Cingel, 2014, p.1257). The seven dimensions of compassion that are needed for nurses to be truly caring with their patients are attentiveness, active listening, naming of suffering, involvement, helping, being present and the understanding of suffering and the emotions that go with suffering and loss. As such, genuineness, communication, presence and altruism, that also typify caring, depict much of what is needed for nurses to be effective and appropriate to best meet the needs of their patients. Meeting the needs of the patient will ensure that the standards and goals of practice identified for nurses will be actualized (Canadian Nurses Association, 2004).

Conclusion

The absence of caring encounters in our nursing practice would be phenomenal; such a threat would magnify the ambiguity in the goals that the

nurse is expected to fulfill, calling into question the definitive parameters and expectations of nurses in their practice and research that so often helps to guide and fulfill such roles/goals (Watson, 1979).

Workplace bullying in nursing represents the epitome of how caring in nursing has become compromised and/or lost. Uncaring encounters, such as bullying, potentially hinders the nurse's ability to connect and understand both themselves and the patient. Addressing bullying, as an uncaring encounter, will ensure that as nurses we are able to accomplish the mandate of caring and protecting our patients. Acquisition of knowledge necessary for professional development and the maintenance of effective standards of practice and roles may be impeded (Canadian Nurses Association, 2004) in an environment which does not support caring encounters.

If caring embodies what it means to be human (Roach, 2002), then nursing practice as an expression of caring is pivotal to decreasing uncaring encounters. Caring encounters will allow for the expression of our humanity and vulnerability; while making a difference in the lives of others. Healthy workplace environments will initiate caring encounters between peers, as well as between nurses and patients; recognizing that everyone benefits. As nurses, both individually and collectively, we have a responsibility to demand the creation of healthy workplace environments in which to ensure the expression of caring remains part of our nursing practice.

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